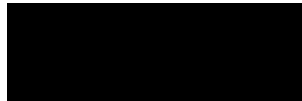


PE19-004
KIA
6/28/2019
DEFECT B
CA FILES

FORTE





Rental Company:

ENTERPRISE RENT-A-CAR

Invoice:

Alternate Invoice

Number:

Bill To: 50A1603
EARNHARDT KIA
ATTN: ARIEL LEYVA
2121 E Bell Road
Phoenix, AZ 85022

RENTER INFORMATION:

Renter:

RENTAL INFORMATION:

Rental Branch Location:
ENTERPRISE RENT-A-CAR (50K1)
2810 E BELL RD
PHOENIX, AZ 850321917
(602) 485-7735

ADDITIONAL CLAIM INFORMATION:

AP# or RO#/PO# :RO

Owner's Vehicle: 2016 KIA FORTE
Additional Driver:

Repair Facility:

EARNHARDT KIA
PHOENIX, AZ 85022
(602) 346-5400

RENTAL DETAIL:

Rental Period: 2/12/18 to 3/20/18 (36 days)
Billed Period: 2/12/18 to 3/20/18 (36 days)

Products and Services	Rate	Amount
6 DAYS @	29.35	\$176.10
1 MONTHS @	762.90	\$762.90
Taxes and Surcharges		
1 STADIUM	2.50	\$2.50
1 VLS	5.00%	\$46.95
1 TPT	10.60%	\$99.54
Total Charges:		\$1,088.00
Less Amount Received:		\$0.00
Total Amount Due:		\$1,088.00

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage	Rate Charged
2/12/18 5:28 PM	2017	FORD	MUSC	1FATP8UH8H5	33108	33300	192	\$29.35

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:

ENTERPRISE RENT-A-CAR (5099)
4100 W GALVESTON ST
STE 1
CHANDLER, AZ 85226
Federal ID:86-0408806

Total Charges: \$1,088.00
Less Amount Received: \$0.00
Total Amount Due..... \$1,088.00

Please include on your check:

Invoice



2121 E. Bell Rd. - Phoenix, AZ 85022
(802) 348-5400
www.samharditka.com

CONT:
CELL:

SERVICE ADVISOR: 6 LEYVA, ARIEL

YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
'86	KIA PORTE	KNAPX4A65G		27246/27246	T4724
PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
		17:00 18MAR18			CASH
FINED	READY	OPTIONS: SOLD-STK	ENG:1.8_Liter		
		TRN:Automatic			

16:5020FEB2018 16:57

CODE	TBCH... TYPE	DESCRIPTIONS/INSTRUCTIONS
51	WK40	C/S AFTER DRIVING 1 MILE IT WILL START SMOKING FROM A/C VENT WHILE ITS AT AN IDLE,INTERMITTENTLY. LOOK AT PREVIOUS RO#100912 FOR HISTORY

~~Handwritten notes and signatures~~

3/10/01

miles in

NTAL 51 WK40 ENTERPRISE RENTAL

11 51 WK40 INSTALL BATTERY AS FOLLOWS
TS - Graduate 3/16/2018 - Initial inspection found battery was
Vults - Install Jump box - drove vehicle inside to Per-Form
- Test - GRB Test was unable to Per-Form due to Internal Battery
- Replace Battery - Per-Form Drive Test - Brilling rapid drive
- Modules powered down/went to sleep - operating as designed
- GRB Battery & Charging Test - Good - Charge New battery.
- KDS Road Test - Good - No DTC - After Road Test Per-Form
- Battery Charged Up - Good - Vehicle Operating as designed
- Test again - Battery Charged Up - Good - Vehicle Operating as designed
- Cables in Buckle have Spark witness marks. Recommend Not to Per-Form
start other vehicles

EXCLUSION OF WARRANTIES

[illegible]

AUTHORIZATION FOR REPAIRS

AUTHORIZATION FOR REPAIRS

PRELIMINARY ESTIMATE 9

AUTHORIZED BY	DATE	TIME	REV
REVISED ESTIMATE (1)			
REVISED ESTIMATE (1)			
REVISED			

REVISOR _____
ESTIMATE 111

I HEREBY ACKNOWLEDGE THAT I WAS NOTIFIED & GAVE ORAL APPROVAL OF THE ABOVE REVISED ESTIMATES.

DISP

MUTE

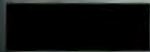
SCAN

SETUP





ATTENTION: LES BATTERIES
sont sujettes à l'explosion.
Ne fumez pas et ne
prenez pas de feu
pendant la recharge.
Ne touchez pas les bornes
ou les câbles pendant la
recharge.
Ne laissez pas les câbles
pendre de la batterie.
Ne laissez pas les câbles
toucher les pièces métalliques
du véhicule.
Ne laissez pas les câbles
toucher les pièces métalliques
du véhicule pendant la
recharge.
Ne laissez pas les câbles
toucher les pièces métalliques
du véhicule pendant la
recharge.





AFTER Road Test
Good



TEST REPORT

EARNHARDT KIA
2121 E BELL RD
PHOENIX, AZ
85022
USA
(602)348-5400

3/16/2018
10:49 AM

DEALER CODE
AZ045

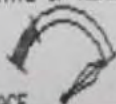
BATTERY TEST

Test Info
CCA 650
CUSTOMER VEHICLE

BATTERY TEST

RESULTS	
GOOD BATTERY	
RATED:	650 CCA
MEASURED:	713 CCA
VOLTAGE:	12.64V
TEMPERATURE:	103°F

STATE OF HEALTH



REPLACE

OK

LAST 6 OF VIN
549428
BATTERY CODE
K40HS1 3041GB

VERSION: 102-210185F

WARRANTY

101148

WORK ORDER
REPRINT
PAGE 1

CC POWELL@K

SERVICE ADVIS

TAKE/MODEL

VIN

TE

KNAFX4A65G

EXP.

PROMISED

PO NO.

17:00 12FEB18

ADY

OPTIONS: SOLD-STK:KG1
TRN:Automatic

TYPE DESCRIPTIONS/INSTRUCTIONS
K40 C/S AFTER DRIVING 1 MI
A/C VENT WHILE ITS AT A
AT PREVIOUS RQ#100912
2018- Inspect Vehicle. USE F

and Low Cooling Fans - Oper

40 ENTERPRISE RENTAL

1 Date - Vehicle Operating

11:45 AM
Vehicle Operating as Designed - 100

5:07 PM

ght - Trace Dye Stream

5:02 PM

e - Perform Road Test

1. A/C Compressor - N

Vehicle Operating as De

charge to

Warranty Marking to A/C







FLUKE 87 III TRUE RMS MULTIMETER

3.020

V DC

LOGIC

RANGE

HOLD MAX

REL Δ

Hz

||||

PEAK MIN MAX

4 1/2 DIGITS
1 Second

Ω

+

mV

mA
A

μA



STOCK NO.
DEAL 61617

MOTOR VEHICLE RETAIL INSTALLMENT
SALES CONTRACT AND
PURCHASE MONEY SECURITY AGREEMENT

Buyer(s)/Debtor(s):

Seller/Creditor: EARNHARDT KIA
2121 E BELL RD
PHOENIX, AZ 85022

Address:

This is an agreement for the installment purchase by you of the vehicle described below. As used in this Contract, the words "you" and "your" mean the Buyer or Buyers who sign below. The words "we", "us", "our" and "Seller" refer to the Seller whose name and address appear above or to anyone to whom this Contract is assigned (referred to as the "Assignee"). If the Assignee notifies you that it has purchased this Contract, you agree to make all of your payments to the Assignee. This Contract may be cancelled by Seller if it is unable to assign the Contract to any one of the financial institutions with whom Seller regularly does business on terms acceptable to Seller. BY SIGNING BELOW, YOU ALSO AGREE TO ALL OF THE TERMS ON BOTH SIDES OF THIS CONTRACT. PLEASE READ THE BACK CAREFULLY.

NEW OR USED	YEAR MODEL	MAKE TRADE NAME	NO. CYL.	BODY TYPE	MODEL # OR SERIES	VEHICLE I.D.#
NEW	2016	KIA	N/A	SD	FORTE	KNAFX4A65G

You intend to use the Vehicle primarily for: ☒ personal, family, or household purposes ("personal use") ☐ commercial, business, agricultural, or other non-personal uses ("commercial use").

ANNUAL PERCENTAGE RATE THE COST OF YOUR CREDIT AS A YEARLY RATE. 4.90 %		Your payment schedule will be: Number of Payments: 75 Amount of Payments: 391.69 When Payments are Due: MONTHLY, BEGINNING 21 JUL 2015 Monthly Beginning: N/A			
FINANCE CHARGE THE DOLLAR AMOUNT THE CREDIT WILL COST YOU. \$ 4167.17		Insurance: CREDIT LIFE INSURANCE AND CREDIT DISABILITY INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT, AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE ADDITIONAL COST.			
Amount Financed The amount of credit provided to you or on your behalf. \$ 25209.58	Type Credit Life Insurance Disability Insurance Credit Life and Disability Joint Credit Life Insurance Joint Credit Life and Single Disability Insurance	Term NONE mos. NONE mos. NONE mos. NONE mos. NONE mos.	Premium \$ NONE \$ NONE \$ NONE \$ NONE \$ NONE	Signature I want credit life insurance only N/A I want disability insurance only N/A I want credit life and disability insurance N/A We want joint credit life insurance N/A We want joint credit life and single disability insurance N/A	
Total of Payments The amount you will have paid after you have made all payments as scheduled. \$ 29376.75	Security: You are giving a security interest in the Vehicle being purchased. Late Charge: If the Vehicle is purchased for personal use, and a payment is not paid in full within 10 days after it is due, you will pay a late charge not to exceed 5% of the unpaid balance of the installment. Prepayment: If you pay off early, you will not have to pay a penalty. See the other portions of this Contract for additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.				
Total Sale Price The total cost of your purchase on credit including your down payment of \$ 2000.00 \$ 31376.75	e means an estimate				

your down payment
of \$ 2000.00
\$ 31376.75

e means an estimate

Late Charge: If the Vehicle is purchased on installment, you will pay a late charge not to exceed 5% of the unpaid balance of the installment due, you will pay a late charge not to exceed 5% of the unpaid balance of the installment due, you will not have to pay a penalty.

Prepayment: If you pay off early, you will not have to pay a penalty. See the other portions of this Contract for additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

ITEMIZATION OF AMOUNT FINANCED

1. Cash Price (incl. accessories) \$ 20664.00 + Sales Tax \$ 993.96 = Total Cash Price \$ 23454.47 (1)
Net Trade-In Deficiency (item 5 if negative) \$ 1796.51 N/A
2. Other charges included in this sale:
** (a) Vehicle Service Contract (Term) 120 MOS to OR 100000 MILES \$ 2600.00
(b) Dealer Documentary Fee \$ 489.00
** (c) Other (describe) N/A to N/A \$ N/A
** (d) Other (describe) N/A to N/A \$ N/A
** (e) Other (describe) N/A to N/A \$ N/A
** (f) Other (describe) N/A to N/A \$ N/A
Total \$ 3089.00 (2)
\$ 316.11 (3)
\$ 26859.58 (4)
3. Payments made on your behalf to Public Officials for Official Fees.
4. Cash Sale Price (sum of items 1, 2 and 3)
5. Trade-in 04 CHEV AVAL15 \$ 7400.00 - \$ 9196.51 = \$ 1796.51 (5)
Yr. Make & Model Gross Allowance Payoff Net Trade-In (Deficiency)
6. Total Down Payment includes:
(a) Net Trade-In (item 5) (if negative, insert \$0). \$ 0.00
(b) Cash Down Payment (Includes manufacturer's rebate of \$ 2000.00 assigned to Seller) \$ 2000.00
Total Down Payment (a + b) \$ 2000.00
\$ 24859.58
7. Unpaid balance of Cash Sale Price (item 4 less item 6)
8. Payments made to others on your behalf:
** (a) Amounts paid to Insurance Companies for Insurance Premiums:
(1) Credit Insurance Premiums \$ N/A + (2) Property Insurance Premiums \$ NONE
Total \$ N/A (8a)
(b) Amounts paid to others:
** (1) To: EASYCARE for: GAP \$ 350.00 (8b)
** (2) To: N/A for: N/A \$ N/A (8c)
** (3) To: N/A for: N/A \$ N/A (8d)
Total Amount Paid to Others (Sum of items 8(a) through 8(d)) \$ 350.00
** Seller may be retaining a portion of this amount. \$ 25209.58
9. Amount Financed - Amount of credit you will get (item 7 plus item 8) \$ 54,600
10. If the "Amount Financed" exceeds \$ 54,600 or if the Vehicle is purchased primarily for commercial use, the "Amount Financed" is also the "Final Cash Price Balance".
the "Total of Payments" is also the "Time Balance".
11. **Property Insurance:** You promise to keep the Vehicle insured for its full value against loss or damage with loss payable endorsement in our favor during the time as is unpaid under this Contract. YOU MAY OBTAIN YOUR REQUIRED INSURANCE FROM ANY COMPANY ACCEPTABLE TO US. If you purchase your insurance from a company other than the one recommended by us, the costs and items of coverage are as follows:
Seller, the costs and items of coverage are as follows:
Collision (actual cash value of loss less \$ _____ deductible) and Comprehensive TERM _____ months PREMIUM \$ NONE

7. Unpaid balance of Cash Sale Price (item 4 less item 6) \$ 24859.58 (7)
8. Payments made to others on your behalf:

** (a) Amounts paid to Insurance Companies for Insurance Premiums:

(1) Credit Insurance Premiums \$ N/A + (2) Property Insurance Premiums \$ NONE
Total \$ N/A (8a)

(b) Amounts paid to others:

** (1) To: EASYCARE for: GAP \$ 350.00 (8b)

** (2) To: N/A for: N/A \$ N/A (8c)

** (3) To: N/A for: N/A \$ N/A (8d)

Total Amount Paid to Others (Sum of items 8(a) through 8(d)) \$ 350.00 (8)

** Seller may be retaining a portion of this amount.

9. Amount Financed - Amount of credit you will get (item 7 plus item 8) \$ 25209.58 (9)

10. If the "Amount Financed" exceeds \$ 54,600 or if the Vehicle is purchased primarily for commercial use, the "Amount Financed" is also the "Final Cash Price Balance" and the "Total of Payments" is also the "Time Balance."

11. **Property Insurance:** You promise to keep the Vehicle insured for its full value against loss or damage with loss payable endorsement in our favor during the time any amount is unpaid under this Contract. YOU MAY OBTAIN YOUR REQUIRED INSURANCE FROM ANY COMPANY ACCEPTABLE TO US. If you purchase your insurance through Seller, the costs and items of coverage are as follows:

Collision (actual cash value of loss less \$ <u>NONE</u> deductible) and Comprehensive	TERM	PREMIUM
including fire and theft (cash value of loss less \$ <u>NONE</u> deductible)	<u>NONE</u> months	\$ <u>NONE</u>

Other (describe) <u>NONE</u>	<u>NONE</u> months	\$ <u>NONE</u>
------------------------------	--------------------	----------------

If you buy insurance through your own agent, the cost is not included in this Contract. Please give us the name and telephone number of the agent you choose:

Agent's Name _____ Telephone Number _____

Agent's Address N/A City N/A State N/A

Promise to Pay: By signing below, you promise to pay us the Amount Financed, together with finance charges calculated thereon at the Annual Percentage Rate. You agree to make your payments to us set forth in the Payment Schedule shown above. Your final payment may change, depending upon your payment habits. We will apply each payment first to accrued finance charges and late charges and then to reduce your unpaid balance. This means your finance charge will be less when you pay early and more if you pay late. Any necessary adjustments in your total finance charge will be reflected in your final payment. If a payment is not paid in full within 10 days after it is due, you will also pay a late charge. If the Vehicle is purchased for commercial use, the late charge will be 5% of the unpaid balance of the installment; if the Vehicle is purchased for personal use, the late charge will not exceed 5% of the unpaid balance of the installment.

Security Interest: To protect us if you do not pay as promised, or if you break some other promise of this Contract, you give us a purchase money security interest in the Vehicle, all accessions thereto, and in any proceeds of the Vehicle. If the Vehicle is purchased for commercial use, this security interest also covers all equipment, accessories, and parts (other than accessions) added to the Vehicle. If the Vehicle is purchased for personal use, this security interest also covers equipment, accessories, and parts (other than accessions) added to the Vehicle within 10 days of the date of this Contract. You also give us a security interest in the proceeds of any physical damage insurance policy on the Vehicle; all insurance, maintenance, service, or other contracts we finance for you; and all proceeds from insurance, maintenance, service, or other contracts we finance for you, including any refunds of premiums or charges from the contracts. This security interest does not cover any other debts you owe us, and this debt is not covered by any other security interest held by us. **NOTICE: BY GIVING US A SECURITY INTEREST IN THE VEHICLE DESCRIBED ABOVE, YOU WAIVE ALL RIGHTS PROVIDED BY LAW TO CLAIM THE VEHICLE EXEMPT FROM LEGAL PROCESS.**

LIMITATIONS/EXCLUSIONS OF PRODUCT WARRANTIES

(a) For "new" vehicles: (1) If the Vehicle is purchased for personal use, Seller makes no implied warranty of merchantability or of fitness for any particular purpose unless Seller also gives you a written warranty, on its own behalf, with respect to the Vehicle, or, at the time of the sale or within 90 days thereafter, Seller enters into a service contract, on its own behalf, with you which applies to the Vehicle. In that event, any implied warranties arising from the sale of the Vehicle shall be limited to the duration of a Seller's written warranty or service contract; (2) If the Vehicle is purchased for commercial use, Seller makes no implied warranty of merchantability or of fitness for any particular purpose. The Vehicle is sold to you AS IS, except for any express warranties made by Seller, on its own behalf, or by the manufacturer of the Vehicle or of any component parts; (3) In all cases, Seller shall not be liable for any consequential damages arising from any breach of any warranty, express or implied.

(b) For "used" vehicles:

(1) **Used Car Implied Warranty of Merchantability:**

The Seller hereby warrants that the vehicle will be fit for the ordinary purposes for which the vehicle is used for 15 days or 500 miles after delivery, whichever is earlier, except with regard to particular defects disclosed on the first page of this agreement. You (the Purchaser) will have to pay up to \$25.00 for each of the first two repairs if the warranty is violated.

(2) **Waiver of Used Car Implied Warranty of Merchantability:** Due to circumstances unusual to Seller's business, the used motor vehicle which is the subject of this Contract has the particular defects, if any, described below.

ATTENTION PURCHASER: Sign here only if the dealer told you that this vehicle has the following problem(s) and that you agree to buy the vehicle on those terms:

ATENCION COMPRADOR: Firme aqui solamente si el vendedor le dijo que el vehiculo tiene el siguiente problema(s) y que usted acepta comprar el vehiculo bajo estos terminos:

Security Interest: To protect us if you do not pay as promised, or if you break some other promise of this Contract, you give us a purchase money security interest in all accessions thereto, and in any proceeds of the Vehicle. If the Vehicle is purchased for commercial use, this security interest also covers all equipment, accessories, and parts (other than accessions) added to the Vehicle within 10 days of the date of this Contract. If the Vehicle is purchased for personal use, this security interest also covers equipment, accessories, and parts (other than accessions) added to the Vehicle within 10 days of the date of this Contract. You also give us a security interest in the proceeds of any physical damage insurance policy on the Vehicle; all insurance, maintenance, service, or other contracts we finance for you, and all proceeds from insurance, maintenance, service, or other contracts we finance for you, including any refunds of premiums or charges from the contracts. This security interest does not cover any other debts you owe us, and this debt is not covered by any other security interest held by us. **NOTICE: BY GIVING US A SECURITY INTEREST IN THE VEHICLE DESCRIBED ABOVE, YOU WAIVE ALL RIGHTS PROVIDED BY LAW TO CLAIM THE VEHICLE EXEMPT FROM LEGAL PROCESS.**

LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED IN THIS CONTRACT, UNLESS DESCRIBED IN ITEM 11 AND AN APPROPRIATE PREMIUM CHARGE IS SHOWN IN ITEM 8(A) ABOVE.

(a) For "new" vehicles: (1) If the Vehicle is purchased for personal use, Seller makes no implied warranty of merchantability, or of fitness for any particular purpose unless Seller also gives you a written warranty, on its own behalf, with respect to the Vehicle, or, at the time of the sale or within 90 days thereafter, Seller enters into a service contract, on its own behalf, with you which applies to the Vehicle. In that event, any implied warranties arising from the sale of the Vehicle shall be limited to the duration of a Seller's written warranty or service contract; (2) If the Vehicle is purchased for commercial use, Seller makes no implied warranty of merchantability or of fitness for any particular purpose. The Vehicle is sold to you AS IS, except for any express warranties made by Seller, on its own behalf, or by the manufacturer of the vehicle or of any component parts; (3) In all cases, Seller shall not be liable for any consequential damages arising from any breach of any warranty, express or implied.

(b) For "used" vehicles:

(1) Used Car Implied Warranty of Merchantability:

The Seller hereby warrants that the vehicle will be fit for the ordinary purposes for which the vehicle is used for 15 days or 500 miles after delivery, whichever is earlier, except with regard to particular defects disclosed on the first page of this agreement. You (the Purchaser) will have to pay up to \$25.00 for each of the first two repairs if the warranty is violated.

(2) Waiver of Used Car Implied Warranty of Merchantability: Due to circumstances unusual to Seller's business, the used motor vehicle which is the subject of this Contract has the particular defects, if any, described below.
ATTENTION PURCHASER: Sign here only if the dealer told you that this vehicle has the following problem(s) and that you agree to buy the vehicle on those terms:

ATENCION COMPRADOR: Firme aqui solamente si el vendedor le dijo que el vehiculo tiene el siguiente problema(s) y que usted conviene de compra el vehiculo bajo estos terminos:

1. _____	Buyer/Comprador _____	Date _____
2. <u>N/A</u>	Buyer/Comprador <u>N/A</u>	Date <u>N/A</u>
3. <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

(3) The vehicle is sold "AS IS -- NOT EXPRESSLY WARRANTED OR GUARANTEED" unless Seller gives you a separate written instrument showing the terms of any warranty or service contract given by Seller on its own behalf. If the Vehicle is purchased for personal use, Seller makes no implied warranty of fitness for any particular purpose, and the implied warranty of merchantability is limited to 15 days or 500 miles after delivery, whichever is earlier, as set forth above, unless Seller also gives you a written warranty, on its own behalf, with respect to the Vehicle, or, at the time of the sale or within 90 days thereafter, Seller enters into a service contract, on its own behalf, with you which applies to the Vehicle. In that event, any implied warranties arising from the sale of the Vehicle shall be limited to the duration of Seller's written warranty or service contract. If the Vehicle is purchased for commercial use, Seller makes no implied warranty of fitness for any particular purpose, and the implied warranty of merchantability is limited to 15 days or 500 miles after delivery, whichever is earlier. In all cases, Seller shall not be liable for any consequential damages arising from any breach of any warranty, express or implied, except for a breach of the implied warranty of merchantability.

NOTICE TO BUYER: 1. Do not sign this Contract before you read it or if it contains any blank spaces. 2. You are entitled to an exact copy of the Contract you sign.

Annual Percentage Rate (APR) for the installment sale of an automobile may be negotiated with the dealership; and the dealership may receive some portion of the finance charge or receive other compensation for providing the financing.

LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED IN THIS CONTRACT, UNLESS DESCRIBED IN ITEM 11 AND AN APPROPRIATE PREMIUM CHARGE IS SHOWN IN ITEM 8(A) ABOVE.

SELLER IS REGULATED AND COMPLAINTS CONCERNING THIS CONTRACT MAY BE ADDRESSED TO:

ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS
2910 N. 44th STREET, SUITE 310
PHOENIX, ARIZONA 85018
TELEPHONE: (602) 771-2800

Buyer(s) Acknowledge(s) receipt of a fully completed copy of this Contract.

*BUYER _____
*BUYER _____

Dated this 6TH day of JUN, 20 16 By FARNHARDT KIA Its FINANCE MGR

*OTHER OWNERS: If a person shown on the certificate of title as an owner of the vehicle does not want to be separately liable to pay this debt, please sign below to give us a security interest in the Vehicle, its proceeds, and physical damage insurance policy and any refunds of insurance premiums.

SIGNATURE <u>N/A</u>	DATE <u>N/A</u>	SIGNATURE <u>N/A</u>	DATE _____
----------------------	-----------------	----------------------	------------

THE TRANSACTION WHICH IS THE SUBJECT OF THIS CONTRACT IS OR IS NOT SUBJECT TO A FEE RECEIVED BY A BROKER FROM THE SELLING MOTOR VEHICLE DEALER. IF APPLICABLE, THE NAME OF THE BROKER IS:

ASSIGNMENT N/A

Seller hereby assigns this Contract to the below designated Assignee under the terms and conditions of a Dealer Agreement (☐ Recourse ☐ Non-Recourse) previously entered into between Seller and Assignee, and in any event in accordance with the terms, conditions and warranties of the Seller's Assignment and Warranty on the reverse side hereof.

EA SELLER KIA DATED BY 06/06/2016 AUTHORIZED SIGNER TITLE
Assignee: WATSON FINANCE Branch 2975 BUCKLE UP BLVD DULUTH GA 30096 ALL RIGHTS RESERVED
Form No. 12 62005 A-D-5, INC. (Rev. 6/10)

BUYERS COPY

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

Phone(s): Contact: [REDACTED]

Vehicle: KNAFX4A65G5 [REDACTED]

Main: [REDACTED]

2016 FORTE

[Click to View Cust Copy](#)

Cell:

SNOW WHIT-
E_PEAR

Mileage: 24,594

Service advisor: 6

Tag number: T4720

Payment type: CASH

Promised time: 06:00 PM

Promised date: 11/02/2017

Waiter: No

Estimate: 0.00

Customer Comments: No

~~~~~  
A C/S A/C IS BLOWING WARM AT ALL TIMES, CHECK AND ADVISE.

|          |      |                        |      |       |
|----------|------|------------------------|------|-------|
| 97701R00 | WK40 | A/C COMPRESSOR ASSY    | 0.60 | 73.20 |
|          |      | R&R (**)(REFER TO TSB) |      |       |

Tech(s): 18

97701-A5100

1 COMPRESSOR ASSY

728.00

97690-34350

1 RING-O

0.67

97690-34330

1 O-RING

0.77

UM040-CH015W

1 WARR, REFRIG 2LBS

27.58

97762-A7610

1 HOSE-DISCHARGE

86.02

|          |      |                    |      |       |
|----------|------|--------------------|------|-------|
| 97762R00 | WK40 | A/C DISCHARGE HOSE | 0.30 | 36.60 |
|          |      | R&R (**)           |      |       |

Tech(s): 18

|          |      |                   |      |       |
|----------|------|-------------------|------|-------|
| 09760A00 | WK40 | AIR CONDITIONING  | 0.50 | 61.00 |
|          |      | EVACUATE & CHARGE |      |       |

Tech(s): 18

|          |      |                   |      |       |
|----------|------|-------------------|------|-------|
| 97701F01 | WK40 | A/C ECV OPERATION | 0.20 | 24.40 |
|          |      | TEST BY USING GDS |      |       |

Tech(s): 18

|      |      |                       |  |       |
|------|------|-----------------------|--|-------|
| SUBL | WK40 | ENTERPRISE RENTAL CAR |  | 34.00 |
|      |      | INVOICE [REDACTED]    |  |       |
|      |      | PO [REDACTED]         |  |       |

Pts: 843.04 Lbr: 195.20 Other: 34.00 Total Line A: 1,072.24

Story: 24594 160 DIAGNOSIS FOUND LEAKING DISCHARGE HOSE AND COMPRESSOR WAS DEFECTIVE. LABOR OPS PERFORMED ARE AS FOLLOW:

97701F01 ECV OP TEST W/GDS 0.20HRS, 97701R00 R&amp;R COMPRESSOR

0.60HRS, 97762R00 REPLACE DISCHARGE HOSE 0.30HRS AND

09760A00 EVACUATE AND CHARGE SYSTEM 0.50HRS. TOTAL

HRS1.60HRS. VDN B28VAAZ045171102004I .

~~~~~  
B C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT TOWARDS THE RIGHT SIDE WHILE THEY WERE AT A IDLE, CHECK AND ADVISE

INFO	ISE	SEE LINE A FOR REPAIR	0.00	0.00
------	-----	-----------------------	------	------

Tech(s): 18

Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line B: 0.00

Story: 24594 SMOKE WAS FROM COMPRESSOR ISSUE. CAR WAS RUNNING IN

LIMP-IN MODE. FOUND EXHAUST CAM IN FULLY RETARDED POSITION

W/KDS DATA STREAM SCAN. CHECKING THE CAMSHAFT POSITION

SENSOR, FOUND THAT SOMEONE HAD UNPLUGGED THE SENSOR AND PUT

IT BACK ON THE PLUG WITHOUT FULLY SEATING IT TO MAKE IT

APPEAR TO BE PLUGGED IN. CLEAR CASE OF SABATOGE. PLUGGED IN

SENSOR AND CLEARED CODES. VEHICLE NOW OPERATING AS DESIGNED

~~~~~  
C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH [REDACTED]



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact: (480)789-9798

Main: [REDACTED]

Cell:

Vehicle: KNAFX4A65G5 [REDACTED]

2016 FORTE

SNOW\_WHITE-  
PEARL

Mileage: 24,594

Payment type: CASH

Waiter: No

Service advisor: 6

Promised time: 06:00 PM

Estimate: 0.00

Tag number: T4720

Promised date: 11/02/2017

Customer Comments: No

~~~~~  
WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH,
INTERIOR VACUUM FRONT FLOOR

MPI	ISE	COMPLIMENTARY MULTI	0.00	0.00
		POINT INSPECTION,		
		FREE BATTERY HEALTH		
		CHECK, WALK AROUND		
		AND COMPLIMENTARY		
		WASH WHICH INCLUDES		
		EXTERIOR WASH,		
		INTERIOR VACUUM FRONT		
		FLOOR		

Tech(s): 18

Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line C: 0.00

Story: 24594 COMPLETED.

D** CAR RENTAL

INFO	ISE	SEE LINE A FOR RENTAL	0.00	0.00
		CAR SUBLET		

Tech(s): 18

Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line D: 0.00

Customer Pay

Labor 0.00

Parts 0.00

Lube 0.00

Sublet 0.00

Miscellaneous/Shop Charge 0.00

Deductible 0.00

Total Charges 0.00

Less Insurance/Adjustment 0.00

Sales Tax 0.00

Total 0.00

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

Phone(s): Contact: [REDACTED]

Vehicle: KNAFX4A65G [REDACTED]

Main: [REDACTED]

2016 FORTE

[Click to View Cust Copy](#)

Cell:

SNOW WHIT-
E_PEAR

Mileage: 25,080

Service advisor: 6

Tag number: T4765

Payment type: CASH

Promised time: 06:00 PM

Promised date: 11/07/2017

Waiter: Yes

Estimate: 0.00

Customer Comments: No

~~~~~  
A C/S VEHICLE KEEPS DYING, BATTERY WAS REPLACED IN 04/2017, CHECK CHARGING SYSTEM.

|          |      |                                                 |      |       |
|----------|------|-------------------------------------------------|------|-------|
| 45900R00 | WK40 | SWITCH TRANS RANGE<br>(INHIBITOR SWITCH)<br>R&R | 0.40 | 48.80 |
|----------|------|-------------------------------------------------|------|-------|

Tech(s): 17

42700-26700

1 SWITCH-INHIBITOR

39.20

|          |      |                                                      |      |       |
|----------|------|------------------------------------------------------|------|-------|
| 45900RQ0 | WK40 | GDS OPERATION -<br>SWITCH TRANS RANGE<br>(INHIBITOR) | 0.30 | 36.60 |
|----------|------|------------------------------------------------------|------|-------|

Tech(s): 17

Pts: 39.20 Lbr: 85.40 Other: 0.00 Total Line A: 124.60

Story: 25080 NO START 70 CHECKED THE GDS 45900RQ0 FOR ISSUES IT WAS SHOWING THAT THE RANGE SWITCH WAS NOT SHOWING IN PARK 45900R00 REPLACED RANGE SWITCH ( VDN #B28VAaz045171107008I)

~~~~~  
B** C/S A/C IS BLOWING WARM AND SMOKE IS COMING OUT OF ENGINE COMPARTMENT.

97701R00	WK40	A/C COMPRESSOR ASSY R&R (**)(REFER TO TSB)	0.60	73.20
----------	------	--	------	-------

Tech(s): 17

97701-A5100

1 COMPRESSOR ASSY

728.00

97762-A7610

1 HOSE-DISCHARGE

86.02

UM040-CH015W

1 WARR, REFRIG 2LBS

27.58

97690-34330

1 O-RING

0.77

97762R00	WK40	A/C DISCHARGE HOSE R&R (**)	0.30	36.60
----------	------	--------------------------------	------	-------

Tech(s): 17

09760A00	WK40	AIR CONDITIONING EVACUATE & CHARGE	0.50	61.00
----------	------	---------------------------------------	------	-------

Tech(s): 17

SUBL	WK40	ENTERPRISE RENTAL INV: [REDACTED] PO#18778		68.00
------	------	--	--	-------

Pts: 842.37 Lbr: 170.80 Other: 68.00 Total Line B: 1,081.17

Story: 25080 a/c 140 A/C COMPRESSOR BLEW THREW THE CASE SEALS REPLACED A/C COMPRESSOR 97701R00 DISCHARGE HOSE WAS LEAKING FROM SIDE OF HOSE REPLACED DISCHARGE HOSE 97762R00 EVAC AND RECHARGED SYSTEM 09760A00

~~~~~  
C\*\* PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND ADJUST TIRE PRESSURE.

|     |     |            |      |                  |
|-----|-----|------------|------|------------------|
| S11 | CQL | SEE LINE C | 0.30 | [REDACTED] 40.50 |
|-----|-----|------------|------|------------------|



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact: [REDACTED]

Main: [REDACTED]

Cell:

Vehicle: KNAFX4A65G5 [REDACTED]

2016 FORTE

SNOW\_WHITE-  
E\_PEAR

Mileage: 25,080

Payment type: CASH

Waiter: Yes

Service advisor: 6

Promised time: 06:00 PM

Estimate: 0.00

Tag number: T4765

Promised date: 11/07/2017

Customer Comments: No

~~~~~

Tech(s): 17			
26300-35504	1 FILTER ASSY-ENGINE O		6.60
K9956-41400	1 GASKET/PACKING		1.14
BULK	5 MOTOR OIL		10.00
FREELOF	COMPLIMENTARY OIL		-58.24
	CHANGE		

Pts: 17.74 Lbr: 40.50 Other: -58.24 Total Line C: 0.00
Story: 25080 LOF 30 LOF

~~~~~

D\*\* CAR RENTAL

|             |     |            |      |      |
|-------------|-----|------------|------|------|
| RENTAL      | ISE | SEE LINE B | 0.00 | 0.00 |
| Tech(s): 17 |     |            |      |      |

Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line D: 0.00

~~~~~

Customer Pay	
Labor	40.50
Parts	17.74
Lube	0.00
Sublet	0.00
Miscellaneous/Shop Charge	0.00
Deductible	0.00
Total Charges	58.24
Less Insurance/Adjustment	58.24
Sales Tax	0.00
Total	0.00

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

Phone(s): Contact: [REDACTED]

Vehicle: KNAFX4A65G [REDACTED]

Main: [REDACTED]

2016 FORTE

[Click to View Cust Copy](#)

Cell:

SNOW WHIT-
E_PEAR

Mileage: 25,160

Service advisor: 6

Tag number: T4796

Payment type: CASH

Promised time: 05:00 PM

Promised date: 11/11/2017

Waiter: No

Estimate: 0.00

Customer Comments: No

~~~~~  
A C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT, CUSTOMER STATES REFRIGERANT WAS LEAKING OUT.

|          |      |                              |      |       |
|----------|------|------------------------------|------|-------|
| 97602R00 | WK40 | A/C EXPANSION VALVE R&R (**) | 0.20 | 24.40 |
|----------|------|------------------------------|------|-------|

Tech(s): 18

97626-A7000

1 VALVE-EXPANSION

122.02

97690-34340

1 RING-O

0.69

97690-34310

1 RING-O

0.77

UM040-CH015W

1 WARR, REFRIG 2LBS

27.58

97690-34340

2 RING-O

1.38

|          |      |                                    |      |       |
|----------|------|------------------------------------|------|-------|
| 09760A00 | WK40 | AIR CONDITIONING EVACUATE & CHARGE | 0.50 | 61.00 |
|----------|------|------------------------------------|------|-------|

Tech(s): 18

Pts: 152.44 Lbr: 85.40 Other: 0.00 Total Line A: 237.84

Story: 25160 70 DIAGNOSED CUSTOMER CONCERN AND FOUND EXPANSION VALVE INTERMITTENTLY STICKING, CREATING HIGH PRESSURE AND BLOWING PRESSURE VALVE ON COMPRESSOR. REPLACED EXPANSION VALVE AND PERFORMED EVAC AND RECHARGE TO A/C SYSTEM. DROVE VEHICLE EXTENSIVELY AND A/C PERFORMED FLAWLESSLY AT THIS TIME. OPS 97602R00 0.20HRS AND 09760A00 0.50HRS

~~~~~  
B C/S VEHICLE DOES NOT START AT TIMES.

37110R00	WK40	BATTERY REPLACEMENT	0.20	24.40
----------	------	---------------------	------	-------

Tech(s): 18

37110-H5000U

1 BATTERY H5-61 YD

125.93

37110A00	WK40	BATTERY TEST & RECHARGE	0.30	36.60
----------	------	-------------------------	------	-------

Tech(s): 18

Pts: 125.93 Lbr: 61.00 Other: 0.00 Total Line B: 186.93

Story: 25160 50 FOUND DEAD BATTERY. CHARGED AND TESTED BATTERY-FAILED. PERFORMED COMPLETE SYSTEM TEST AND ALL OTHER COMPONENTS PASSED. REPLACED BATTERY. OP CODES 37110A00 0.30HRS AND 37110R00 0.20HRS

~~~~~  
C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH, INTERIOR VACUUM FRONT FLOOR

|     |     |                                                                                                                                   |      |      |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------|------|------|
| MPI | ISE | COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH, | 0.00 | 0.00 |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------|------|------|

# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact: [REDACTED]

Main: [REDACTED]

Cell:

Vehicle: KNAFX4A65G [REDACTED]

2016 FORTE

SNOW\_WHITE-  
E\_PEAR

Mileage: 25,160

Payment type: CASH

Waiter: No

Service advisor: 6

Promised time: 05:00 PM

Estimate: 0.00

Tag number: T4796

Promised date: 11/11/2017

Customer Comments: No

~~~~~  
INTERIOR VACUUM FRONT
FLOOR

Tech(s): 18

Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line C: 0.00
~~~~~

|                           |      |
|---------------------------|------|
| Customer Pay              |      |
| Labor                     | 0.00 |
| Parts                     | 0.00 |
| Lube                      | 0.00 |
| Sublet                    | 0.00 |
| Miscellaneous/Shop Charge | 0.00 |
| Deductible                | 0.00 |
| Total Charges             | 0.00 |
| Less Insurance/Adjustment | 0.00 |
| Sales Tax                 | 0.00 |
| Total                     | 0.00 |



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact: [REDACTED]

Main: [REDACTED]

Cell:

Vehicle: KNAFX4A65G5 [REDACTED]

2016 FORTE

SNOW WHIT-  
E\_PEAR

Mileage: 25,276

Payment type: CASH

Waiter: No

Service advisor: 6

Promised time: 06:00 PM

Estimate: 0.00

Tag number: T4472

Promised date: 11/20/2017

Customer Comments: No

~~~~~  
A C/S A/C IS BLOWING WARM, C/S THEY SAW GREEN FLUID IN PARKING LOT
OF HOME. C/S CAR SHAKES AT IDLE AND SMOKE COMES OUT OF ENGINE
COMPARTMENT.

97606R00	WK40	AC CONDENSER R&R (**)	2.90	353.80
Tech(s): 51				
97606-3X601		1 CONDENSER ASSY-COOL		413.00
09760A00	WK40	AIR CONDITIONING	1.50	183.00
		EVACUATE & CHARGE		

Tech(s): 51

Pts: 413.00 Lbr: 536.80 Other: 0.00 Total Line A: 949.80

Story: 25276 290 Diag & flush 1.5hr 97606R00 09760A00 After
involving tech line at managers request. Monitored system
after charging. Removed bumper skin and found a larger dead
spot in condenser by monitoring temperature with a laser
temp gun. Removed desiccant bag and found it to be very
dirty and swollen from moisture and debris. Also found the
screen under the desiccant bag to have a large amount of
debris in it. Pulled lines at compressor and found no sign
of debris in compress. Suggesting replacing condenser,
desiccant bag and flushing lines and evaporator. Tech line
cleared all suggested work including system flush.

~~~~~  
B\*\* C/S ENGINE SHAKES WHILE AT IDLE, CHECK MOTOR MOUNTS.

|          |      |                      |      |       |
|----------|------|----------------------|------|-------|
| 39030R00 | WK40 | ENGINE MOUNT BRACKET | 0.50 | 61.00 |
|          |      | (NO.3) R&R           |      |       |

Tech(s): 51

|             |  |                        |  |        |
|-------------|--|------------------------|--|--------|
| 21810-3X000 |  | 1 BRACKET ASSY-ENGINE  |  | 113.23 |
| 21830-30300 |  | 1 BRACKET ASSY-TRANSAX |  | 88.06  |
| 21950-3X000 |  | 1 BRKT ASSY-ROLL ROD   |  | 111.10 |

|          |      |                      |      |       |
|----------|------|----------------------|------|-------|
| 39090R00 | WK40 | BRACKET-TRANSMISSION | 0.70 | 85.40 |
|          |      | SUPPORT NO.4 R&R     |      |       |

Tech(s): 51

|          |      |                       |      |       |
|----------|------|-----------------------|------|-------|
| 39040R00 | WK40 | ROLL ROD BRACKET ASSY | 0.30 | 36.60 |
|          |      | REAR R&R              |      |       |

Tech(s): 51

|        |      |            |      |        |
|--------|------|------------|------|--------|
| RENTAL | WRNT | CAR RENTAL | 0.00 | 228.00 |
|--------|------|------------|------|--------|

Tech(s): 51

Pts: 312.39 Lbr: 411.00 Other: 0.00 Total Line B: 723.39

Story: 25276 150 39030R00 39090R00 39040R00 Per Service manager  
replaced motor mount, trans mount and roll bar to address  
customers concern. Vehicle idle is much smother now.

Customer Pay [REDACTED]

# Repair Order Detail - Internal Copy

|                           |      |
|---------------------------|------|
| Labor                     | 0.00 |
| Parts                     | 0.00 |
| Lube                      | 0.00 |
| Sublet                    | 0.00 |
| Miscellaneous/Shop Charge | 0.00 |
| Deductible                | 0.00 |
| Total Charges             | 0.00 |
| Less Insurance/Adjustment | 0.00 |
| Sales Tax                 | 0.00 |
| Total                     | 0.00 |



INVOICE



PAGE 1

2121 E. Bell Rd. · Phoenix, AZ 85022  
(602) 346-5400  
[www.earnhardt Kia.com](http://www.earnhardt Kia.com)

SERVICE ADVISOR: 6 ARIEL LEYVA

15:47:01 NOV 17 10:13 03 NOV 17

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A C/9 A/C IS BLOWING WARM AT ALL TIMES. CHECK AND ADVISE.

CAUSE: A/C COMPRESSOR FAILURE A/C DISCHARGE LINE FAILURE

97701R00 A/C COMPRESSOR ASSY R&R (\*\*) (REFER TO TSB)

18<sup>th</sup> BIRÓ, LUBOS LIC#: 18

WK40  
1 97701-A5100 COMPRESSOR ASSY

97690-34350 RING-O

1 97690-32330 O-RING

1-UM040-CH015W WARR. REFRIG 2LBS

1 97762-A7610 HOSE-DISCHARGE

97762R00 A/C DISCHARGE HOSE R&R (\*\*)

18 BIRO, LUBOS LIC#: 18

WK40

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

18 BIRO, LUBOS LIC#: 18

WK40

97701E01 A/C ECV OPERATION TEST BY USING GDS

18 BIRO, LUBOS LIC#: 18

NK4.0

FC: 8  
PART#: 9770T-A5100

COUNT: 4

CLAIM TYPE: W-3

AUTH CODE: 5

SUBL ENTERPRISE RENTAL CAR INVOICE [REDACTED] PO 18738 PO#18738

WK40

|        |      |        |      |        |      |               |
|--------|------|--------|------|--------|------|---------------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: |
|--------|------|--------|------|--------|------|---------------|

24594 1.60 DIAGNOSIS FOUND LEAKING DISCHARGE HOSE AND COMPRESSOR

WAS DEFECTIVE. LABOR OPS PERFORMED ARE AS FOLLOW: 97701F01 ECV OP TEST

W/GDS 0.20HRS, 97701R00 R&R COMPRESSOR 0.60HRS, 97762R00 REPLACE

DISCHARGE HOSE 0.30HRS AND 09760A00 EVACUATE AND CHARGE SYSTEM 0.50HRS.

TOTAL HRS1.60HRS. VDN B28VAAZ0451711020041

TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

| DESCRIPTION                   | TOTAL |
|-------------------------------|-------|
| LABOR AMOUNT                  |       |
| PARTS AMOUNT                  |       |
| GAS, OIL, LUBE                |       |
| SUBLET AMOUNT                 |       |
| MISC. CHARGES                 |       |
| TOTAL CHARGES                 |       |
| LESS INSURANCE                |       |
| SALES TAX                     |       |
| <b>PLEASE PAY THIS AMOUNT</b> |       |

CUSTOMER COPY

CUSTOMER #:

## INVOICE



2121 E. Bell Rd. - Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.com

PAGE 2

HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED] SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR      | YEAR | MAKE/MODEL | VIN                   | LICENSE | MILEAGE IN/OUT | TAG   |
|------------|------|------------|-----------------------|---------|----------------|-------|
| SNOW WHITE | 16   | KIA FORTE  | KNAFX4A650 [REDACTED] |         | 24594/24594    | 14720 |

| DEL DATE   | PROD DATE | WARR EXP | PROMISED      | PO NO | RATE | PAYMENT | INV DATE |
|------------|-----------|----------|---------------|-------|------|---------|----------|
| 06JUN16 DD |           |          | 18:00 02NOV17 |       |      | CASH    | 03NOV17  |

| R.O. OPENED   | READY         | OPTIONS:      | SOLD-STK | ENG:1.8_Liter |
|---------------|---------------|---------------|----------|---------------|
| 15:47 01NOV17 | 10:13 03NOV17 | TRN:Automatic |          |               |

|      |        |      |      |       |      |     |       |
|------|--------|------|------|-------|------|-----|-------|
| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|

B C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT TOWARDS THE RIGHT SIDE  
WHILE THEY WERE AT A IDLE, CHECK AND ADVISE

CAUSE:

INFO SEE LINE A FOR REPAIR

18 BIRO, LUBOS LIC#: 18

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

0.00

24594 SMOKE WAS FROM COMPRESSOR ISSUE. CAR WAS RUNNING IN LIMP-IN  
MODE. FOUND EXHAUST CAM IN FULLY RETARDED POSITION W/KDS DATA STREAM  
SCAN. CHECKING THE CAMSHAFT POSITION SENSOR, FOUND THAT SOMEONE HAD  
UNPLUGGED THE SENSOR AND PUT IT BACK ON THE PLUG WITHOUT FULLY SEATING  
IT TO MAKE IT APPEAR TO BE PLUGGED IN. CLEAR CASE OF SABATOGE. PLUGGED  
IN SENSOR AND CLEARED CODES. VEHICLE NOW OPERATING AS DESIGNED

\*\*\*\*\*

C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK  
AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH,  
INTERIOR VACUUM FRONT FLOOR

CAUSE: COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK,  
WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
WASH, INTERIOR

MPI COMPLIMENTARY MULTI POINT INSPECTION, FREE  
BATTERY HEALTH CHECK, WALK AROUND AND  
COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
WASH, INTERIOR VACUUM FRONT FLOOR

18 BIRO, LUBOS LIC#: 18

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C:

0.00

24594 COMPLETED.

\*\*\*\*\*

D\*\* CAR RENTAL

CAUSE:

INFO SEE LINE A FOR RENTAL CAR SUBLET

18 BIRO, LUBOS LIC#: 18

ISE

(N/C)

TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
MANUFACTURER'S WARRANTY

CUSTOMER SIGNATURE

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 3

2121 E. Bell Rd. Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.com

HOME

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN                              | LICENSE | MILEAGE IN / OUT | TAG     |          |
|---------------|-----------|---------------|----------------------------------|---------|------------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G                       |         | 24594/24594      | T4720   |          |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED                         | PO NO   | RATE             | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | 18:00 02NOV17                    |         |                  | CASH    | 03NOV17  |
| R.O OPENED    |           | READY         | OPTIONS: SOLD-STK: ENG:1.8_Liter |         |                  |         |          |
| 15:47 01NOV17 |           | 10:13 03NOV17 | TRN:Automatic                    |         |                  |         |          |

| LINE   | OPCODE | TECH | TYPE | HOURS | LIST   | NET  | TOTAL  |      |               |      |
|--------|--------|------|------|-------|--------|------|--------|------|---------------|------|
| PARTS: |        |      |      | 0.00  | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE D: | 0.00 |

\*\*\*\*\*

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TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

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

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 1

2121 E. Bell Rd. Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.comHOME  
BUS:CONT:  
CELL:

SERVICE ADVISOR: 7 RON EGBERT

| COLOR      | YEAR | MAKE/MODEL | VIN                  | LICENSE | MILEAGE IN/OUT | TAG   |
|------------|------|------------|----------------------|---------|----------------|-------|
| SNOW WHITE | 16   | KIA FORTE  | KNAFX4A65 [REDACTED] |         | 15575/15575    | T1202 |

| DEL DATE   | PROD DATE | WARR EXP | PROMISED     | PO NO | RATE | PAYMENT | INV DATE |
|------------|-----------|----------|--------------|-------|------|---------|----------|
| 06JUN16 DD |           |          | WAIT 03APR17 |       |      | CASH    | 04APR17  |

| R.O. OPENED   | READY         | OPTIONS:      | SOLD-STK:  | ENG:1.8_Liter |
|---------------|---------------|---------------|------------|---------------|
| 16:31 03APR17 | 08:26 04APR17 | TRN:Automatic | [REDACTED] |               |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
A CHECK BATTERY? C/S HAVING TO JUMP START 3 TIMES TODAY, AND ONE OTHER  
TIME A FEW WEEKS AGO

CAUSE: BATTERY FAILED

37110R00 BATTERY REPLACEMENT  
50 RENYER, MITCHELL LIC#: 50  
WK40

(N/C)

(N/C)

1 37110-H5000U BATTERY H5-61 YD  
37110A00 BATTERY TEST & RECHARGE  
50 RENYER, MITCHELL LIC#: 50  
WK40

(N/C)

FC:

PART#: 37110-H5000U

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

15575 Vehicle had to be jump started 0.50  
tested battery. battery failed load test. replaced bad battery with  
new.

37110A00 0.30

37110R00 0.20

BATTERY CODE KLUA1P EC0S0T

\*\*\*\*\*

B COMPLIMENTARY MULTI POINT INSPECTION, WALK AROUND AND DELUXE CAR WASH  
WHICH INCLUDES EXTERIOR WASH, INTERIOR VACUUM, WINDOWS CLEANED  
INSIDE AND OUT AND TIRE DRESSING

MPI DEFAULT

50 RENYER, MITCHELL LIC#: 50  
ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

15575 INSPECTION PERFORMED A MULTI POINT INSPECTION

\*\*\*\*\*

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THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

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CELL:

SERVICE ADVISOR: 7 RON EGBERT

| COLOR      | YEAR | MAKE/MODEL | VIN               | LICENSE | MILEAGE IN/OUT | TAG   |
|------------|------|------------|-------------------|---------|----------------|-------|
| SNOW WHITE | 16   | KIA FORTE  | KNAFX4A65G5549428 |         | 15575/15575    | T1202 |

| DEL DATE   | PROD DATE | WARR EXP | PROMISED     | PO NO | RATE | PAYMENT | INV DATE |
|------------|-----------|----------|--------------|-------|------|---------|----------|
| 06JUN16 DD |           |          | WAIT 03APR17 |       |      | CASH    | 04APR17  |

| R.O. OPENED   | READY         | OPTIONS:      | SOLD-STK: | ENG:1.8 Liter |
|---------------|---------------|---------------|-----------|---------------|
| 16:31 03APR17 | 08:26 04APR17 | TRN:Automatic |           |               |

|             |           |       |      |     |       |
|-------------|-----------|-------|------|-----|-------|
| LINE OPCODE | TECH TYPE | HOURS | LIST | NET | TOTAL |
|-------------|-----------|-------|------|-----|-------|

\*\*\*\*\*THE FOLLOWING WORK WAS RECOMMENDED BUT NOT PERFORMED\*\*\*\*\*

, , DESCRIPTION: KES1 PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND

, , REASON DENIED: NO VEHICLE OVERDUE FOR ROUTINE MAINTENANCE

, , PERSON CONTACTED: ALLISON

, , COMMENTS: NONE

, , RECOMMENDED BY: 7 EGBERT

DENIAL ADDED BY: 7 EGBERT

, , LINE ASSOCIATED:

ESTIMATE: 39.95

, , DESCRIPTION: KES15 REPLACE CABIN AIR FILTER

, , REASON DENIED: NO UNABLE TO CONTACT OWNER VERY DIRTY!!

, , PERSON CONTACTED: ALLISON

, , COMMENTS: NONE

, , RECOMMENDED BY: 7 EGBERT

DENIAL ADDED BY: 7 EGBERT

, , LINE ASSOCIATED:

ESTIMATE: 59.95

, , DESCRIPTION: 22 2TIRES

, , REASON DENIED: NO UNABLE TO CONTACT OWNER P195/65R15 NEXEN CP662

, , PERSON CONTACTED: ALLISON

, , COMMENTS: NONE

, , RECOMMENDED BY: 7 EGBERT

DENIAL ADDED BY: 7 EGBERT

, , LINE ASSOCIATED:

ESTIMATE: 230.00

 CREATED 2017-04-03 10:23:00AM  
 TAKEN BY ELENA MC NULTY

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CUSTOMER SIGNATURE

X

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

CUSTOMER #: [REDACTED]

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SCOTTSDALE, AZ

PAGE 1

HOME

CONT: [REDACTED]

BUS:

CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN                              | LICENSE       | MILEAGE IN/OUT | TAG     |           |
|---------------|------------|---------------|----------------------------------|---------------|----------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G                       |               | 25080/25080    | T4765   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED                         | PO NO.        | RATE           | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | WAIT 07NOV17                     |               |                | CASH    | 14NOV17   |
| R.O. OPENED   |            | READY         | OPTIONS: SOLD-STK: ENG:1.8 Liter |               |                |         |           |
| 15:46 06NOV17 |            | 12:32 14NOV17 |                                  | TRN:Automatic |                |         |           |

|      |        |      |      |       |      |     |       |
|------|--------|------|------|-------|------|-----|-------|
| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|

A C/S VEHICLE KEEPS DYING, BATTERY WAS REPLACED IN 04/2017, CHECK CHARGING SYSTEM.

CAUSE: NO START

45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)  
R&R

17 YOUNG, AARON LIC#: 17

WK40

(N/C)

1 42700-26700 SWITCH-INHIBITOR

(N/C)

45900RQ0 GDS OPERATION - SWITCH TRANS RANGE  
(INHIBITOR)

17 YOUNG, AARON LIC#: 17

WK40

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

25080 NO START 0.70 CHECKED THE GDS 45900RQ0 FOR ISSUES IT WAS  
SHOWING THAT THE RANGE SWITCH WAS NOT SHOWING IN PARK 45900R00 REPLACED  
RANGE SWITCH (VDN #B28VAaz045171107008I)

\*\*\*\*\*

B\*\* C/S A/C IS BLOWING WARM AND SMOKE IS COMING OUT OF ENGINE  
COMPARTMENT.

CAUSE: BLOWS WARM

97701R00 A/C COMPRESSOR ASSY R&R (\*\*) (REFER TO  
TSB)

17 YOUNG, AARON LIC#: 17

WK40

(N/C)

1 97701-A5100 COMPRESSOR ASSY

(N/C)

1 97762-A7610 HOSE-DISCHARGE

(N/C)

1 UM040-CH015W WARR, REFRIG 2LBS

(N/C)

1 97690-34330 O-RING

(N/C)

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #

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PAGE 2

HOME: [REDACTED] CONT: [REDACTED]

BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR      | YEAR | MAKE/MODEL | VIN                   | LICENSE | MILEAGE IN/OUT | TAG   |
|------------|------|------------|-----------------------|---------|----------------|-------|
| SNOW WHITE | 16   | KIA FORTE  | KNAFX4A65C [REDACTED] |         | 25080/25080    | T4765 |

| DEL DATE   | PROD DATE | WARR EXP | PROMISED     | PO NO | RATE | PAYMENT | INV DATE |
|------------|-----------|----------|--------------|-------|------|---------|----------|
| 06JUN16 DD |           |          | WAIT 07NOV17 |       |      | CASH    | 14NOV17  |

| R.O OPENED    | READY         | OPTIONS:       | SOLD-STK: [REDACTED] | ENG: 1.8 Liter |
|---------------|---------------|----------------|----------------------|----------------|
| 15:46 06NOV17 | 12:32 14NOV17 | TRN: Automatic |                      |                |

| LINE     | OPCODE                             | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|----------|------------------------------------|------|------|-------|------|-----|-------|
| 97762R00 | A/C DISCHARGE HOSE R&R (**)        |      |      |       |      |     |       |
|          | 17 YOUNG, AARON LIC#: 17           |      |      |       |      |     |       |
|          | WK40                               |      |      |       |      |     | (N/C) |
| 09760A00 | AIR CONDITIONING EVACUATE & CHARGE |      |      |       |      |     |       |
|          | 17 YOUNG, AARON LIC#: 17           |      |      |       |      |     |       |
|          | WK40                               |      |      |       |      |     | (N/C) |

FC:

PART#: 97701-A5100

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INV: [REDACTED], PO#18778 PO#18778

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

25080 a/c 1.40 A/C COMPRESSOR BLEW THREW THE CASE SEALS REPLACED

A/C COMPRESSOR 97701R00 DISCHARGE HOSE WAS LEAKING FROM SIDE OF HOSE

REPLACED DISCHARGE HOSE 97762R00 EVAC AND RECHARGED SYSTEM 09760A00

\*\*\*\*\*

C\*\* PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND ADJUST TIRE PRESSURE.

CAUSE: COMPLETED LUBE, OIL AND FILTER, TOP OFF ALL FLUIDS ADJUST TIRE PRESSURE.

S11 SEE LINE C

17 YOUNG, AARON LIC#: 17

CQL

1 26300-35504 FILTER ASSY-ENGINE O

6.60

40.50

40.50

1 K9956-41400 GASKET/PACKING

1.14

6.60

6.60

5 BULK MOTOR OIL

2.00

1.14

1.14

FREELOF COMPLIMENTARY OIL CHANGE

CQL

2.00

10.00

PARTS: 17.74 LABOR: 40.50 OTHER: -58.24 TOTAL LINE C: 0.00

25080 LOF 0.30 LOF

\*\*\*\*\*

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CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #:

## INVOICE



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SCOTTSDALE, AZ

PAGE 3

HOME

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR      | YEAR      | MAKE/MODEL | VIN                | LICENSE | MILEAGE IN/OUT | TAG     |          |
|------------|-----------|------------|--------------------|---------|----------------|---------|----------|
| SNOW WHITE | 16        | KIA FORTE  | KNAFX4A65G         |         | 25080/25080    | T4765   |          |
| DEL DATE   | PROD DATE | WARR EXP   | PROMISED           | PO NO.  | RATE           | PAYMENT | INV DATE |
| 06JUN16 DD |           |            | WAIT 07NOV17       |         |                | CASH    | 14NOV17  |
| R.O OPENED |           | READY      | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter  |         |          |
|            |           |            | TRN:Automatic      |         |                |         |          |

15:46 06NOV17 12:32 14NOV17

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

D\*\* CAR RENTAL

CAUSE: .

RENTAL SEE LINE B

17 YOUNG, AARON LIC#: 17

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D:

(N/C)

0.00

\*\*\*\*\*

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 40.50  |
| PARTS AMOUNT           | 17.74  |
| GAS, OIL, LUBE         | 0.00   |
| SUBLET AMOUNT          | 0.00   |
| MISC. CHARGES          | 0.00   |
| TOTAL CHARGES          | 58.24  |
| LESS INSURANCE         | 58.24  |
| SALES TAX              | 0.00   |
| PLEASE PAY THIS AMOUNT | 0.00   |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 1

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CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR          | MAKE/MODEL    | VIN           | LICENSE | MILEAGE IN / OUT | TAG     |
|---------------|---------------|---------------|---------------|---------|------------------|---------|
| SNOW WHITE    | 16            | KIA FORTE     | KNAFX4A65G    |         | 25160/25160      | T4796   |
| DEL DATE      | PROD DATE     | WARR EXP      | PROMISED      | PO NO   | RATE             | PAYMENT |
| 06JUN16 DD    |               |               | 17:00 11NOV17 |         |                  | CASH    |
| R.O. OPENED   | READY         | OPTIONS       | SOLD-STK:     | ENG:    | 1.8_Liter        |         |
| 14:37 11NOV17 | 16:06 15NOV17 | TRN:Automatic |               |         |                  |         |

 R.O. OPENED: 14:37 11NOV17  
 READY: 16:06 15NOV17  
 OPTIONS: TRN:Automatic  
 SOLD-STK: [REDACTED]  
 ENG: 1.8\_Liter

| LINE | OPCODE | TECH  | TYPE                                                                               | HOURS | LIST | NET | TOTAL |
|------|--------|-------|------------------------------------------------------------------------------------|-------|------|-----|-------|
| A    | C/S    | SMOKE | WAS COMING OUT OF ENGINE COMPARTMENT, CUSTOMER STATES REFRIGERANT WAS LEAKING OUT. |       |      |     |       |

CAUSE: LEAKING

97602R00 A/C EXPANSION VALVE R&amp;R (\*\*)

18 BIRO, LUBOS LIC#: 18

WK40

1 97626-A7000 VALVE-EXPANSION

1 97690-34340 RING-O

1 97690-34310 RING-O

1 UM040-CH015W WARR, REFRIG 2LBS

2 97690-34340 RING-O

(N/C)

(N/C)

(N/C)

(N/C)

(N/C)

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

18 BIRO, LUBOS LIC#: 18

WK40

(N/C)

FC:

PART#: 97626-A7000

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

| PARTS:                                                               | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |
|----------------------------------------------------------------------|------|--------|------|--------|------|---------------|------|
| 25160 0.70 DIAGNOSED CUSTOMER CONCERN AND FOUND EXPANSION VALVE      |      |        |      |        |      |               |      |
| INTERMITTENTLY STICKING, CREATING HIGH PRESSURE AND BLOWING PRESSURE |      |        |      |        |      |               |      |
| VALVE ON COMPRESSOR. REPLACED EXPANSION VALVE AND PERFORMED EVAC AND |      |        |      |        |      |               |      |
| RECHARGE TO A/C SYSTEM. DROVE VEHICLE EXTENSIVELY AND A/C PERFORMED  |      |        |      |        |      |               |      |
| FLAWLESSLY AT THIS TIME. OPS 97602R00 0.20HRS AND 09760A00 0.50HRS   |      |        |      |        |      |               |      |
| *****                                                                |      |        |      |        |      |               |      |

B C/S VEHICLE DOES NOT START AT TIMES.

CAUSE: BATTERY FAILED

37110R00 BATTERY REPLACEMENT

18 BIRO, LUBOS LIC#: 18

WK40

1 37110-H5000U BATTERY H5-61 YD

37110A00 BATTERY TEST & RECHARGE

(N/C)

(N/C)

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

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 (602) 346-5400  
 www.earnhardt Kia.com

 HOME: [REDACTED]  
 BUS: [REDACTED]

 CONT: [REDACTED]  
 CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN                              | LICENSE       | MILEAGE IN / OUT | TAG     |          |
|---------------|-----------|---------------|----------------------------------|---------------|------------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G                       |               | 25160/25160      | T4796   |          |
| DEL DATE      | PROD DATE | WARR EXP.     | PROMISED                         | PO NO.        | RATE             | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | 17:00 11NOV17                    |               |                  | CASH    | 15NOV17  |
| R. OPENED     |           | READY         | OPTIONS: SOLD-STK: ENG:1.8_Liter |               |                  |         |          |
| 14:37 11NOV17 |           | 16:06 15NOV17 |                                  | TRN:Automatic |                  |         |          |

| LINE | OPCODE | TECH | TYPE | HOURS                   | LIST | NET | TOTAL |
|------|--------|------|------|-------------------------|------|-----|-------|
|      |        |      |      | 18 BIRO, LUBOS LIC#: 18 |      |     | (N/C) |
|      |        |      |      | WK40                    |      |     |       |

FC:

PART#: 37110-H5000U

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

25160 0.50 FOUND DEAD BATTERY. CHARGED AND TESTED BATTERY- FAILED.

PERFORMED COMPLETE SYSTEM TEST AND ALL OTHER COMPONENTS PASSED.

REPLACED BATTERY. OP CODES 37110A00 0.30HRS AND 37110R00 0.20HRS

\*\*\*\*\*

 C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK  
 AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH,  
 INTERIOR VACUUM FRONT FLOOR

 CAUSE: COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK,  
 WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR

 MPI COMPLIMENTARY MULTI POINT INSPECTION, FREE  
 BATTERY HEALTH CHECK, WALK AROUND AND  
 COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR VACUUM FRONT FLOOR

18 BIRO, LUBOS LIC#: 18

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00 (N/C)

\*\*\*\*\*

We at Earnhardt Kia Thank you for your  
 business and appreciate you as a customer.  
 You may receive a satisfaction survey from  
 Kia, if for any reason you can not rate us  
 with a "10" response and "yes" response  
 Please contact Larry Donahue at 602.346.5447

## TERMS OF SALE:

 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

 BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
 WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
 THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

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



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 1

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 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR      | YEAR | MAKE/MODEL | VIN                   | LICENSE | MILEAGE IN / OUT | TAG   |
|------------|------|------------|-----------------------|---------|------------------|-------|
| SNOW WHITE | 16   | KIA FORTE  | KNAFX4A65G [REDACTED] |         | 25276/25276      | T4472 |

| DEL DATE   | PROD DATE | WARR EXP. | PROMISED      | PO NO. | RATE | PAYMENT | INV DATE |
|------------|-----------|-----------|---------------|--------|------|---------|----------|
| 06JUN16 DD |           |           | 18:00 20NOV17 |        |      | CASH    | 25NOV17  |

 R.O. OPENED: [REDACTED] READY: [REDACTED] OPTIONS: SOLD-STK: [REDACTED] ENG: 1.8 Liter  
 TRN: Automatic

17:03 18NOV17 10:55 25NOV17

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A C/S A/C IS BLOWING WARM, C/S THEY SAW GREEN FLUID IN PARKING LOT OF HOME. C/S CAR SHAKES AT IDLE AND SMOKE COMES OUT OF ENGINE COMPARTMENT.

CAUSE: A/C CONDENSER FAILURE

97606R00 AC CONDENSER R&amp;R (\*\*)

51 REYNOLDS, CHARLES LIC#: 51  
WK40

(N/C)

1 97606-3X601 CONDENSER ASSY-COOL

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

51 REYNOLDS, CHARLES LIC#: 51  
WK40

(N/C)

FC:

PART#: 97606-3X601

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

25276 2.90

Diag &amp; flush 1.5hr

97606R00

09760A00

After involving tech line at managers request. Monitored system after charging. Removed bumper skin and found a larger dead spot in condenser by monitoring temperature with a laser temp gun. Removed desiccant bag and found it to be very dirty and swollen from moisture and debris. Also found the screen under the desiccant bag to have a large amount of debris in it. Pulled lines at compressor and found no sign of debris in compress. Suggesting replacing condenser, desiccant bag and flushing lines and evaporator. Tech line cleared all suggested work including system flush.

\*\*\*\*\*

B\*\* C/S ENGINE SHAKES WHILE AT IDLE, CHECK MOTOR MOUNTS.

CAUSE: MOTOR MOUNT FAILED TRANS MOUNT FAILED ROLL BAR FAILED

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CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

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 HOME: [REDACTED]  
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 CONT: [REDACTED]  
 CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |           |                                             |                       |               |                  |           |
|---------------|-----------|---------------------------------------------|-----------------------|---------------|------------------|-----------|
| COLOR         | YEAR      | MAKE/MODEL                                  | VIN                   | LICENSE       | MILEAGE IN / OUT | TAG       |
| SNOW WHITE    | 16        | KIA FORTE                                   | KNAFX4A65G [REDACTED] |               | 25276/25276      | T4472     |
| DEL DATE      | PROD DATE | WARR EXP.                                   | PROMISED              | PO NO.        | RATE             | INVT DATE |
| 06JUN16 DD    |           |                                             | 18:00 20NOV17         |               | CASH             | 25NOV17   |
| R.O. OPENED   | READY     | OPTIONS: SOLD-STK: [REDACTED] ENG:1.8 Liter |                       |               |                  |           |
| 17:03 18NOV17 |           | 10:55 25NOV17                               |                       | TRN:Automatic |                  |           |

| LINE              | OPCODE      | TECH | TYPE                                  | HOURS | LIST | NET | TOTAL |
|-------------------|-------------|------|---------------------------------------|-------|------|-----|-------|
| 39030R00          |             |      | ENGINE MOUNT BRACKET (NO.3) R&R       |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WK40                                  |       |      |     | (N/C) |
| 1                 | 21810-3X000 |      | BRACKET ASSY-ENGINE                   |       |      |     | (N/C) |
| 1                 | 21830-30300 |      | BRACKET ASSY-TRANSAX                  |       |      |     | (N/C) |
| 1                 | 21950-3X000 |      | BRKT ASSY-ROLL ROD                    |       |      |     | (N/C) |
| 39090R00          |             |      | BRACKET-TRANSMISSION SUPPORT NO.4 R&R |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WK40                                  |       |      |     | (N/C) |
| 39040R00          |             |      | ROLL ROD BRACKET ASSY REAR R&R        |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WK40                                  |       |      |     | (N/C) |
| RENTAL CAR RENTAL |             |      |                                       |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WRNT                                  |       |      |     | (N/C) |

FC:

PART#: 21810-3X000

COUNT: 3

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

25276 1.50

39030R00

39090R00

39040R00

 Per Service manager replaced motor mount, trans mount and roll bar  
 to address customers concern. Vehicle idle is much smother now.

\*\*\*\*\*

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 3

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HOME

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    |                   | VIN         | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|-----------|---------------|-------------------|-------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16        | KIA FORTE     |                   | KNAFX4A65G5 |         | 25276/25276      |         | T4472     |
| DEL DATE      | PROD DATE | WARR EXP.     | PROMISED          |             | PO NO   | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |           |               | 18:00 20NOV17     |             |         |                  | CASH    | 25NOV17   |
| R.O. OPENED   |           | READY         | OPTIONS: SOLD-STK |             |         | ENG:1.8 Liter    |         |           |
|               |           |               | TRN:Automatic     |             |         |                  |         |           |
| 17:03 18NOV17 |           | 10:55 25NOV17 |                   |             |         |                  |         |           |
| LINE          | OPCODE    | TECH          | TYPE              | HOURS       | LIST    | NET              | TOTAL   |           |

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447



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CUSTOMER SIGNATURE

X \_\_\_\_\_

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

CUSTOMER #: [REDACTED]

INVOICE



SCOTTSDALE, AZ

PAGE 1

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HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |               |                                             |               |         |                  |         |
|---------------|---------------|---------------------------------------------|---------------|---------|------------------|---------|
| COLOR         | YEAR          | MAKE/MODEL                                  | VIN           | LICENSE | MILEAGE IN / OUT | TAG     |
| SNOW WHITE    | 16            | KIA FORTE                                   | KNAFX4A65G    |         | 25416/25416      | T4653   |
| DEL DATE      | PROD DATE     | WARR EXP                                    | PROMISED      | PO NO.  | RATE             | PAYMENT |
| 06JUN16 DD    |               |                                             | 17:00 30NOV17 |         |                  | CASH    |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK: [REDACTED] ENG:1.8 Liter |               |         |                  |         |
|               |               | TRN:Automatic                               |               |         |                  |         |
| 16:57 30NOV17 | 11:36 06DEC17 |                                             |               |         |                  |         |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A C/S VEHICLE STARTED THIS MORNING BEFORE GOING TO WORK, AFTER BEING AT WORK FOR A WHILE CUSTOMER HAD TO GET VEHICLE JUMP STARTED.

CUSTOMER MADE SURE ALL ACCESORIES WERE OFF

CAUSE: INHIBITOR SWITCH FAILED

45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)  
R&R

13 ROSENECKER, MITCHELL LIC#: 13  
WK40

1 42700-26700 SWITCH-INHIBITOR

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

(N/C)  
(N/C)

SUBL ENTERPRISE RENTAL INVOICE [REDACTED] PO 19010 PO#19010  
WK40

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00  
25416 VEHICLE HAS HARD TIME STARTING AFTER BEING DRIVEN AND SITTING FOR AWHILE 0.40 FOUND INHIBITOR SWITCH TO BE UNRESPONSIVE AFTER VEHICLE HAS BEEN WAARMED UP, REPLACED INIHIBITOR SWITCH AND VERIFIED STARTING OPERATION WITH GR8 SYSTEM TESTR 45900R00 .40

B BATTERY HAS BEEN REPLACED TWICE WITHING 6 MONTHS, CUSTOMER STATES THERE IS SOMETHING DECHARGING BATTERY.

INFO SEE LINE A

13 ROSENECKER, MITCHELL LIC#: 13  
ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00  
25416 battery battery

C CAR RENTAL

CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

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CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

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 HOME  
 BUS:

 CONT:  
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SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR          | MAKE/MODEL                       | VIN           | LICENSE | MILEAGE IN | OUT     | TAG      |
|---------------|---------------|----------------------------------|---------------|---------|------------|---------|----------|
| SNOW WHITE    | 16            | KIA FORTE                        | KNAFX4A65G    |         | 25416      | 25416   | T4653    |
| DEL DATE      | PROD DATE     | WARR EXP                         | PROMISED      | PO NO   | RATE       | PAYMENT | INV DATE |
| 06JUN16 DD    |               |                                  | 17:00 30NOV17 |         |            | CASH    | 06DEC17  |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK: ENG:1.8 Liter |               |         |            |         |          |
| 16:57 30NOV17 | 11:36 06DEC17 | TRN:Automatic                    |               |         |            |         |          |

| LINE   | OPCODE | TECH | TYPE | HOURS                            | LIST   | NET  | TOTAL         |
|--------|--------|------|------|----------------------------------|--------|------|---------------|
|        |        |      |      |                                  |        |      | (N/C)         |
|        |        |      |      | 13 ROSENECKER, MITCHELL LIC#: 13 |        |      |               |
|        |        |      |      | ISE                              |        |      |               |
| PARTS: |        |      |      | 0.00                             | LABOR: | 0.00 | OTHER:        |
|        |        |      |      | 0.00                             |        | 0.00 | TOTAL LINE C: |
|        |        |      |      | 25416 rental                     |        |      | 0.00          |

\*\*\*\*\*

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 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

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

CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 1

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 HOME: [REDACTED]  
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 CONT: [REDACTED]  
 CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN               | LICENSE       | MILEAGE IN/OUT | TAG     |               |
|---------------|-----------|---------------|-------------------|---------------|----------------|---------|---------------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G        |               | 26487/26487    | T4242   |               |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED          | PO NO.        | RATE           | PAYMENT | INV DATE      |
| 06JUN16 DD    |           |               | 17:00 12JAN18     |               |                | CASH    | 17JAN18       |
| R.O OPENED    |           | READY         | OPTIONS: SOLD-STK |               |                |         | ENG:1.8_Liter |
| 15:56 09JAN18 |           | 14:55 17JAN18 |                   | TRN:Automatic |                |         |               |

|             |           |       |      |     |       |
|-------------|-----------|-------|------|-----|-------|
| LINE OPCODE | TECH TYPE | HOURS | LIST | NET | TOTAL |
|-------------|-----------|-------|------|-----|-------|

A C/S A/C IS BLOWING WARM, CHECK AND ADVISE. AIR IS WARM AT ALL TIMES

CAUSE: COOLING FAN ASSEMBLY FAILURE

25380R00 RADIATOR COOLING FAN ASSY R&amp;R

51 REYNOLDS, CHARLES LIC#: 51

WK40

(N/C)

1 25380-3X500 BLOWER ASSY

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

51 REYNOLDS, CHARLES LIC#: 51

WK40

(N/C)

FC:

PART#: 25380-3X500

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL CAR INVOICE [REDACTED] PO 19370 PO#19370

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

26487 0.90

25380R00

09760A00

Found A/C system to have a low charge. Found evidence that the compressor is venting off excessive pressure. Charged system and ran a/c. A/C worked as it should. Cooling fans never switched to high speed. Performed actuation tests and found that fans high speed was inop. Replace cooling fans and resister. Vehicle is now working as designed

\*\*\*\*\*

B C/S THE VEHICLE WILL START AT TIMES, CHECK AND ADVISE

CAUSE: .

NPF NO SUBSTANDARD CONDITIONS FOUND AT THIS TIME

51 REYNOLDS, CHARLES LIC#: 51

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

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CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

INVOICE



SCOTTSDALE, AZ

PAGE 2

2121 E. Bell Rd. · Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.com

HOME [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN                              | LICENSE | MILEAGE IN / OUT | TAG     |          |
|---------------|-----------|---------------|----------------------------------|---------|------------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G5                      |         | 26487/26487      | T4242   |          |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED                         | PO NO.  | RATE             | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | 17:00 12JAN18                    |         |                  | CASH    | 17JAN18  |
| R.O. OPENED   |           | READY         | OPTIONS: SOLD-STK: ENG:1.8_Liter |         |                  |         |          |
| 15:56 09JAN18 |           | 14:55 17JAN18 | TRN:Automatic                    |         |                  |         |          |

| LINE  | OPCODE | TECH | TYPE | HOURS              | LIST | NET | TOTAL |
|-------|--------|------|------|--------------------|------|-----|-------|
| 26487 |        |      |      | Could not dplicate |      |     |       |

\*\*\*\*\*

C CAR RENTAL  
CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

99 ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: (N/C) 0.00

\*\*\*\*\*

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447



TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

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



CUSTOMER #: [REDACTED]

INVOICE



SCOTTSDALE, AZ

PAGE 1

2121 E. Bell Rd. · Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.com

HOME [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |               |                                             |                       |         |                  |         |
|---------------|---------------|---------------------------------------------|-----------------------|---------|------------------|---------|
| COLOR         | YEAR          | MAKE/MODEL                                  | VIN                   | LICENSE | MILEAGE IN / OUT | TAG     |
| SNOW WHITE    | 16            | KIA FORTE                                   | KNAFX4A65G [REDACTED] |         | 26514/26514      | T4914   |
| DEL DATE      | PROD DATE     | WARR EXP.                                   | PROMISED              | PO NO.  | RATE             | PAYMENT |
| 06JUN16 DD    |               |                                             | 17:00 24JAN18         |         |                  | CASH    |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK: [REDACTED] ENG:1.8_Liter |                       |         |                  |         |
|               |               | TRN:Automatic                               |                       |         |                  |         |
| 16:19 17JAN18 | 15:22 27JAN18 |                                             |                       |         |                  |         |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
A C/S VEHICLE WILL NOT START AT TIMES, SOMETIMES IT WILL START. CHECK  
AND ADVISE

CAUSE: BATTERY FAILED BATTERY CABLE FAILED BATT CODE KUW6J6F66QWT

37110R00 BATTERY REPLACEMENT

51 REYNOLDS, CHARLES LIC#: 51  
WK40

(N/C)

1 37110-H5000U BATTERY H5-61 YD

(N/C)

1 91850-A7570 WIRING ASSY-BATTERY

(N/C)

37110A00 BATTERY TEST & RECHARGE

51 REYNOLDS, CHARLES LIC#: 51  
WK40

(N/C)

37210R1N BATTERY CABLE ASSY (NO ENGINE) R&R

51 REYNOLDS, CHARLES LIC#: 51  
WK40

(N/C)

FC:

PART#: 37110-H5000U

COUNT: 2

CLAIM TYPE: W

AUTH CODE:



SUBL ENTERPRISE RENTAL CAR INVOICE [REDACTED] PO [REDACTED] PO# [REDACTED]  
WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

0.00

26514 1.10

37110A00

37110R00

37210R1N

Found battery to be dead, removed battery and charged on 10A charge. Let the battery sit over night and tested. Battery failed GR8 test. Found positive battery clamp to be loose, tried to get it to tighten. Battery can not be properly charged with loose terminal. Pos battery cable and clamp needs to be replaced. Checked for parasitic draw, none found. Replaced pos battery cable and battery.

\*\*\*\*\*

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

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HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR          | MAKE/MODEL         | VIN           | LICENSE       | MILEAGE IN/OUT | TAG     |
|---------------|---------------|--------------------|---------------|---------------|----------------|---------|
| SNOW WHITE    | 16            | KIA FORTE          | KNAFX4A65G    |               | 26514/26514    | T4914   |
| DEL DATE      | PROD DATE     | WARR EXP           | PROMISED      | PO NO         | RATE           | PAYMENT |
| 06JUN16 DD    |               |                    | 17:00 24JAN18 |               |                | CASH    |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK: |               | ENG:1.8_Liter |                |         |
| 16:19 17JAN18 | 15:22 27JAN18 | TRN:Automatic      |               |               |                |         |
| LINE          | OPCODE        | TECH               | TYPE          | HOURS         | LIST           | NET     |
| B**           |               |                    | CAR RENTAL    |               |                | TOTAL   |

CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

 99 ISE (N/C)  
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

\*\*\*\*\*

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 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

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

CUSTOMER #:

## INVOICE



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SCOTTSDALE, AZ

PAGE 1

HOME

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR      | YEAR | MAKE/MODEL | VIN         | LICENSE | MILEAGE IN / OUT | TAG   |
|------------|------|------------|-------------|---------|------------------|-------|
| SNOW WHITE | 16   | KIA FORTE  | KNAFX4A65G5 |         | 25416/25416      | T4653 |

| DEL DATE   | PROD DATE | WARR. EXP. | PROMISED      | PO NO. | RATE | PAYMENT | INV DATE |
|------------|-----------|------------|---------------|--------|------|---------|----------|
| 06JUN16 DD |           |            | 17:00 30NOV17 |        |      | CASH    | 06DEC17  |

R.O. OPENED READY OPTIONS: SOLD-STK: ENG:1.8 Liter  
TRN:Automatic

16:57 30NOV17 11:36 06DEC17

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A C/S VEHICLE STARTED THIS MORNING BEFORE GOING TO WORK, AFTER BEING AT  
WORK FOR A WHILE CUSTOMER HAD TO GET VEHICLE JUMP STARTED.

CUSTOMER MADE SURE ALL ACCESSORIES WERE OFF

CAUSE: INHIBITOR SWITCH FAILED

45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)

R&amp;R

13 ROSENECKER, MITCHELL LIC#: 13

WK40

1 42700-26700 SWITCH-INHIBITOR

(N/C)

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INVOICE

PO 19010 PO#19010

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

0.00

25416 VEHICLE HAS HARD TIME STARTING AFTER BEING DRIVEN AND SITTING  
FOR AWHILE 0.40 FOUND INHIBITOR SWITCH TO BE UNRESPONSIVE AFTER VEHICLE  
HAS BEEN WAARMED UP, REPLACED INIHIBITOR SWITCH AND VERIFIED STARTING  
OPERATION WITH GR8 SYSTEM TESTR 45900R00 .40

\*\*\*\*\*

B BATTERY HAS BEEN REPLACED TWICE WITHING 6 MONTHS, CUSTOMER STATES  
THERE IS SOMETHING DECHARGING BATTERY.

INFO SEE LINE A

13 ROSENECKER, MITCHELL LIC#: 13

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

0.00

25416 battery battery

\*\*\*\*\*

C CAR RENTAL

CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

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SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

 2121 E. Bell Rd. · Phoenix, AZ 85022  
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 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR          | MAKE/MODEL                                 | VIN           | LICENSE | MILEAGE IN/OUT | TAG     |
|---------------|---------------|--------------------------------------------|---------------|---------|----------------|---------|
| SNOW WHITE    | 16            | KIA FORTE                                  | KNAFX4A65G    |         | 25416/25416    | T4653   |
| DEL DATE      | PROD DATE     | WARR EXP                                   | PROMISED      | PO NO   | RATE           | PAYMENT |
| 06JUN16 DD    |               |                                            | 17:00 30NOV17 |         |                | CASH    |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK [REDACTED] ENG:1.8 Liter |               |         |                |         |
| 16:57 30NOV17 | 11:36 06DEC17 | TRN:Automatic                              |               |         |                |         |
| DEL DATE      | PROD DATE     | WARR EXP                                   | PROMISED      | PO NO   | RATE           | PAYMENT |
| 06JUN16 DD    |               |                                            | 17:00 30NOV17 |         |                | CASH    |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK [REDACTED] ENG:1.8 Liter |               |         |                |         |
| 16:57 30NOV17 | 11:36 06DEC17 | TRN:Automatic                              |               |         |                |         |

|              |        |        |      |        |                               |               |       |
|--------------|--------|--------|------|--------|-------------------------------|---------------|-------|
| LINE         | OPCODE | TECH   | TYPE | HOURS  | LIST                          | NET           | TOTAL |
|              |        |        |      | 13     | ROSENECKER, MITCHELL LIC#: 13 |               |       |
|              |        |        |      | ISE    |                               |               | (N/C) |
| PARTS:       | 0.00   | LABOR: | 0.00 | OTHER: | 0.00                          | TOTAL LINE C: | 0.00  |
| 25416 rental | rental |        |      |        |                               |               |       |

\*\*\*\*\*

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I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

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

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 1

2121 E. Bell Rd. - Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardt Kia.comHOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         |  | YEAR       | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|--|------------|---------------|---------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    |  | 16         | KIA FORTE     |               | KNAFX4A65G5        |         | 25416/25416      |         | T4653     |
| DEL DATE      |  | PROD. DATE | WARR. EXP     | PROMISED      |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |  |            |               | 17:00 30NOV17 |                    |         |                  | CASH    | 06DEC17   |
| R.O. OPENED   |  |            | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 16:57 30NOV17 |  |            | 11:36 06DEC17 |               | TRN:Automatic      |         |                  |         |           |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A C/S VEHICLE STARTED THIS MORNING BEFORE GOING TO WORK, AFTER BEING AT  
WORK FOR A WHILE CUSTOMER HAD TO GET VEHICLE JUMP STARTED.  
CUSTOMER MADE SURE ALL ACCESORIES WERE OFF

CAUSE: INHIBITOR SWITCH FAILED

45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)  
R&R13 ROSENECKER, MITCHELL LIC#: 13  
WK40

1 42700-26700 SWITCH-INHIBITOR

(N/C)

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INVOICE [REDACTED] PO 19010 PO#19010

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

0.00

25416 VEHICLE HAS HARD TIME STARTING AFTER BEING DRIVEN AND SITTING  
FOR AWHILE 0.40 FOUND INHIBITOR SWITCH TO BE UNRESPONSIVE AFTER VEHICLE  
HAS BEEN WAARMED UP, REPLACED INIHIBITOR SWITCH AND VERIFIED STARTING  
OPERATION WITH GR8 SYSTEM TESTR 45900R00 .40

\*\*\*\*\*

B BATTERY HAS BEEN REPLACED TWICE WITHING 6 MONTHS, CUSTOMER STATES  
THERE IS SOMETHING DECHARGING BATTERY.

INFO SEE LINE A

13 ROSENECKER, MITCHELL LIC#: 13  
ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

0.00

25416 battery battery

\*\*\*\*\*

C CAR RENTAL

CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

TERMS OF SALE:  
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I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 2

 2121 E. Bell Rd. - Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardtkia.com

 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |  |               |            |               |                   |         |                  |  |           |
|---------------|--|---------------|------------|---------------|-------------------|---------|------------------|--|-----------|
| COLOR         |  | YEAR          | MAKE/MODEL |               | VIN               | LICENSE | MILEAGE IN / OUT |  | TAG       |
| SNOW WHITE    |  | 16            | KIA FORTE  |               | KNAFX4A65G5       |         | 25416/25416      |  | T4653     |
| DEL DATE      |  | PROD. DATE    | WARR. EXP. | PROMISED      | PO NO.            | RATE    | PAYMENT          |  | INV. DATE |
| 06JUN16 DD    |  |               |            | 17:00 30NOV17 |                   |         | CASH             |  | 06DEC17   |
| R.O. OPENED   |  |               | READY      |               | OPTIONS: SOLD-STK |         | ENG:1.8_Liter    |  |           |
| 16:57 30NOV17 |  | 11:36 06DEC17 |            | TRN:Automatic |                   |         |                  |  |           |

| LINE                          | OPCODE | TECH   | TYPE | HOURS  | LIST | NET           | TOTAL |
|-------------------------------|--------|--------|------|--------|------|---------------|-------|
| 13                            |        |        |      |        |      |               |       |
| ROSENECKER, MITCHELL LIC#: 13 |        |        |      |        |      |               | (N/C) |
| ISE                           |        |        |      |        |      |               |       |
| PARTS:                        | 0.00   | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE C: | 0.00  |
| 25416 rental rental           |        |        |      |        |      |               |       |

\*\*\*\*\*

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 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

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



CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 1

2121 E. Bell Rd. - Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardt Kia.comHOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|------------|---------------|---------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     |               | KNAFX4A65G5        |         | 25276/25276      |         | T4472     |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED      |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16       | DL         |               | 18:00 20NOV17 |                    |         |                  | CASH    | 25NOV17   |
| R.O. OPENED   |            | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 17:03 18NOV17 |            | 10:55 25NOV17 |               | TRN:Automatic      |         |                  |         |           |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
A C/S A/C IS BLOWING WARM, C/S THEY SAW GREEN FLUID IN PARKING LOT OF  
HOME. C/S CAR SHAKES AT IDLE AND SMOKE COMES OUT OF ENGINE  
COMPARTMENT.

CAUSE: A/C CONDENSER FAILURE

97606R00 AC CONDENSER R&amp;R (\*\*)

51 REYNOLDS, CHARLES LIC#: 51  
WK40

(N/C)

1 97606-3X601 CONDENSER ASSY-COOL

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

51 REYNOLDS, CHARLES LIC#: 51  
WK40

(N/C)

FC:

PART#: 97606-3X601

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

25276 2.90

Diag &amp; flush 1.5hr

97606R00

09760A00

After involving tech line at managers request. Monitored system after charging. Removed bumper skin and found a larger dead spot in condenser by monitoring temperature with a laser temp gun. Removed desiccant bag and found it to be very dirty and swollen from moisture and debris. Also found the screen under the desiccant bag to have a large amount of debris in it. Pulled lines at compressor and found no sign of debris in compress. Suggesting replacing condenser, desiccant bag and flushing lines and evaporator. Tech line cleared all suggested work including system flush.

\*\*\*\*\*

B\*\* C/S ENGINE SHAKES WHILE AT IDLE, CHECK MOTOR MOUNTS.

CAUSE: MOTOR MOUNT FAILED TRANS MOUNT FAILED ROLL BAR FAILED

TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 2

 2121 E. Bell Rd. - Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardt Kia.com

 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|------------|---------------|---------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     |               | KNAFX4A65G5        |         | 25276/25276      |         | T4472     |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED      |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | 18:00 20NOV17 |                    |         |                  | CASH    | 25NOV17   |
| R.O. OPENED   |            | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 17:03 18NOV17 |            | 10:55 25NOV17 |               | TRN:Automatic      |         |                  |         |           |

| LINE     | OPCODE      | TECH | TYPE                                  | HOURS | LIST | NET | TOTAL |
|----------|-------------|------|---------------------------------------|-------|------|-----|-------|
| 39030R00 |             |      | ENGINE MOUNT BRACKET (NO.3) R&R       |       |      |     |       |
|          |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|          |             |      | WK40                                  |       |      |     | (N/C) |
| 1        | 21810-3X000 |      | BRACKET ASSY-ENGINE                   |       |      |     | (N/C) |
| 1        | 21830-30300 |      | BRACKET ASSY-TRANSAX                  |       |      |     | (N/C) |
| 1        | 21950-3X000 |      | BRKT ASSY-ROLL ROD                    |       |      |     | (N/C) |
| 39090R00 |             |      | BRACKET-TRANSMISSION SUPPORT NO.4 R&R |       |      |     |       |
|          |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|          |             |      | WK40                                  |       |      |     | (N/C) |
| 39040R00 |             |      | ROLL ROD BRACKET ASSY REAR R&R        |       |      |     |       |
|          |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|          |             |      | WK40                                  |       |      |     | (N/C) |
|          |             |      | RENTAL CAR RENTAL                     |       |      |     |       |
|          |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|          |             |      | WRNT                                  |       |      |     | (N/C) |

 FC:  
 PART#: 21810-3X000  
 COUNT: 3  
 CLAIM TYPE: W  
 AUTH CODE:

|            |      |        |      |        |      |               |      |
|------------|------|--------|------|--------|------|---------------|------|
| PARTS:     | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE B: | 0.00 |
| 25276 1.50 |      |        |      |        |      |               |      |
| 39030R00   |      |        |      |        |      |               |      |
| 39090R00   |      |        |      |        |      |               |      |
| 39040R00   |      |        |      |        |      |               |      |

Per Service manager replaced motor mount, trans mount and roll bar to address customers concern. Vehicle idle is much smother now.

\*\*\*\*\*

 TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 3

 2121 E. Bell Rd. - Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardtkia.com

 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|------------|---------------|---------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     |               | KNAFX4A65G5        |         | 25276/25276      |         | T4472     |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED      |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | 18:00 20NOV17 |                    |         |                  | CASH    | 25NOV17   |
| R.O. OPENED   |            | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 17:03 18NOV17 |            | 10:55 25NOV17 |               | TRN:Automatic      |         |                  |         |           |

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447



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 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

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



CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 1

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 www.earnhardt Kia.com

 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    |              | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|------------|---------------|--------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     |              | KNAFX4A65G5        |         | 25080/25080      |         | T4765     |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED     |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | WAIT 07NOV17 |                    |         |                  | CASH    | 14NOV17   |
| R.O. OPENED   |            | READY         |              | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 15:46 06NOV17 |            | 12:32 14NOV17 |              | TRN:Automatic      |         |                  |         |           |

|      |        |      |      |       |      |     |       |
|------|--------|------|------|-------|------|-----|-------|
| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|

A C/S VEHICLE KEEPS DYING, BATTERY WAS REPLACED IN 04/2017, CHECK CHARGING SYSTEM.

CAUSE: NO START

 45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)  
 R&R

 17 YOUNG, AARON LIC#: 17  
 WK40

(N/C)

1 42700-26700 SWITCH-INHIBITOR

(N/C)

 45900RQ0 GDS OPERATION - SWITCH TRANS RANGE  
 (INHIBITOR)

 17 YOUNG, AARON LIC#: 17  
 WK40

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

|        |      |        |      |        |      |               |      |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

25080 NO START 0.70 CHECKED THE GDS 45900RQ0 FOR ISSUES IT WAS SHOWING THAT THE RANGE SWITCH WAS NOT SHOWING IN PARK 45900R00 REPLACED RANGE SWITCH ( VDN #B28VAaz045171107008I)

\*\*\*\*\*

B\*\* C/S A/C IS BLOWING WARM AND SMOKE IS COMING OUT OF ENGINE COMPARTMENT.

CAUSE: BLOWS WARM

97701R00 A/C COMPRESSOR ASSY R&amp;R (\*\*) (REFER TO TSB)

 17 YOUNG, AARON LIC#: 17  
 WK40

(N/C)

1 97701-A5100 COMPRESSOR ASSY

(N/C)

1 97762-A7610 HOSE-DISCHARGE

(N/C)

1 UM040-CH015W WARR, REFRIG 2LBS

(N/C)

1 97690-34330 O-RING

(N/C)

TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

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I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 2

 2121 E. Bell Rd. - Phoenix, AZ 85022  
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 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    |              | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|------------|---------------|--------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     |              | KNAFX4A65G5        |         | 25080/25080      |         | T4765     |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED     |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | WAIT 07NOV17 |                    |         |                  | CASH    | 14NOV17   |
| R.O. OPENED   |            | READY         |              | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 15:46 06NOV17 |            | 12:32 14NOV17 |              | TRN:Automatic      |         |                  |         |           |

| LINE     | OPCODE                             | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|----------|------------------------------------|------|------|-------|------|-----|-------|
| 97762R00 | A/C DISCHARGE HOSE R&R (**)        |      |      |       |      |     |       |
| 17       | YOUNG, AARON LIC#: 17              |      |      |       |      |     | (N/C) |
|          | WK40                               |      |      |       |      |     |       |
| 09760A00 | AIR CONDITIONING EVACUATE & CHARGE |      |      |       |      |     |       |
| 17       | YOUNG, AARON LIC#: 17              |      |      |       |      |     | (N/C) |
|          | WK40                               |      |      |       |      |     |       |

FC:

PART#: 97701-A5100

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INV: [REDACTED] PO#18778 PO#18778

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

 25080 a/c 1.40 A/C COMPRESSOR BLEW THREW THE CASE SEALS REPLACED  
 A/C COMPRESSOR 97701R00 DISCHARGE HOSE WAS LEAKING FROM SIDE OF HOSE  
 REPLACED DISCHARGE HOSE 97762R00 EVAC AND RECHARGED SYSTEM 09760A00

\*\*\*\*\*

C\*\* PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND ADJUST TIRE PRESSURE.

CAUSE: COMPLETED LUBE, OIL AND FILTER, TOP OFF ALL FLUIDS ADJUST TIRE PRESSURE.

S11 SEE LINE C

17 YOUNG, AARON LIC#: 17

CQL

40.50

40.50

1 26300-35504 FILTER ASSY-ENGINE O

6.60

6.60

6.60

1 K9956-41400 GASKET/PACKING

1.14

1.14

1.14

5 BULK MOTOR OIL

2.00

2.00

10.00

FREELOF COMPLIMENTARY OIL CHANGE

CQL

-58.24

-58.24

PARTS: 17.74 LABOR: 40.50 OTHER: -58.24 TOTAL LINE C: 0.00

25080 LOF 0.30 LOF

\*\*\*\*\*

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CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 3

 2121 E. Bell Rd. - Phoenix, AZ 85022  
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 www.earnhardtkia.com

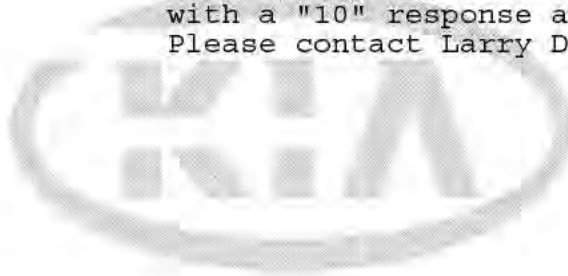
 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    |              | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|------------|---------------|--------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     |              | KNAFX4A65G5        |         | 25080/25080      |         | T4765     |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED     |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | WAIT 07NOV17 |                    |         |                  | CASH    | 14NOV17   |
| R.O. OPENED   |            | READY         |              | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 15:46 06NOV17 |            | 12:32 14NOV17 |              | TRN:Automatic      |         |                  |         |           |

| LINE                     | OPCODE | TECH   | TYPE       | HOURS  | LIST | NET           | TOTAL      |
|--------------------------|--------|--------|------------|--------|------|---------------|------------|
| D**                      |        |        | CAR RENTAL |        |      |               |            |
| CAUSE: .                 |        |        |            |        |      |               |            |
| RENTAL SEE LINE B        |        |        |            |        |      |               |            |
| 17 YOUNG, AARON LIC#: 17 |        |        |            |        |      |               |            |
| ISE                      |        |        |            |        |      |               |            |
| PARTS:                   | 0.00   | LABOR: | 0.00       | OTHER: | 0.00 | TOTAL LINE D: | (N/C) 0.00 |
| *****                    |        |        |            |        |      |               |            |

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447


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 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 40.50  |
| PARTS AMOUNT           | 17.74  |
| GAS, OIL, LUBE         | 0.00   |
| SUBLET AMOUNT          | 0.00   |
| MISC. CHARGES          | 0.00   |
| TOTAL CHARGES          | 58.24  |
| LESS INSURANCE         | 58.24  |
| SALES TAX              | 0.00   |
| PLEASE PAY THIS AMOUNT | 0.00   |



CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 1

2121 E. Bell Rd. - Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.comHOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
|---------------|------------|---------------|---------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     |               | KNAFX4A65G5        |         | 25160/25160      |         | T4796     |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED      |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | 17:00 11NOV17 |                    |         |                  | CASH    | 15NOV17   |
| R.O. OPENED   |            | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 14:37 11NOV17 |            | 16:06 15NOV17 |               | TRN:Automatic      |         |                  |         |           |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT, CUSTOMER STATES  
REFRIGERANT WAS LEAKING OUT.

CAUSE: LEAKING

97602R00 A/C EXPANSION VALVE R&amp;R (\*\*)

18 BIRO,LUBOS LIC#: 18

WK40

1 97626-A7000 VALVE-EXPANSION

1 97690-34340 RING-O

1 97690-34310 RING-O

1 UM040-CH015W WARR, REFRIG 2LBS

2 97690-34340 RING-O

(N/C)

(N/C)

(N/C)

(N/C)

(N/C)

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

18 BIRO,LUBOS LIC#: 18

WK40

(N/C)

FC:

PART#: 97626-A7000

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

25160 0.70 DIAGNOSED CUSTOMER CONCERN AND FOUND EXPANSION VALVE  
INTERMITTENTLY STICKING, CREATING HIGH PRESSURE AND BLOWING PRESSURE  
VALVE ON COMPRESSOR. REPLACED EXPANSION VALVE AND PERFORMED EVAC AND  
RECHARGE TO A/C SYSTEM. DROVE VEHICLE EXTENSIVELY AND A/C PERFORMED  
FLAWLESSLY AT THIS TIME. OPS 97602R00 0.20HRS AND 09760A00 0.50HRS

\*\*\*\*\*

B C/S VEHICLE DOES NOT START AT TIMES.

CAUSE: BATTERY FAILED

37110R00 BATTERY REPLACEMENT

18 BIRO,LUBOS LIC#: 18

WK40

1 37110-H5000U BATTERY H5-61 YD

(N/C)

(N/C)

37110A00 BATTERY TEST &amp; RECHARGE

TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
WILL BE PAID BY BUYER.I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 2

 2121 E. Bell Rd. - Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardt Kia.com

 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         |  | YEAR       | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN / OUT |           | TAG   |
|---------------|--|------------|---------------|---------------|--------------------|---------|------------------|-----------|-------|
| SNOW WHITE    |  | 16         | KIA FORTE     |               | KNAFX4A65G         |         | 25160/25160      |           | T4796 |
| DEL DATE      |  | PROD. DATE | WARR. EXP     | PROMISED      | PO NO.             | RATE    | PAYMENT          | INV. DATE |       |
| 06JUN16 DD    |  |            |               | 17:00 11NOV17 |                    |         | CASH             | 15NOV17   |       |
| R.O. OPENED   |  |            | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |           |       |
| 14:37 11NOV17 |  |            | 16:06 15NOV17 |               | TRN:Automatic      |         |                  |           |       |

| LINE | OPCODE     | TECH  | TYPE | HOURS | LIST | NET | TOTAL |
|------|------------|-------|------|-------|------|-----|-------|
| 18   | BIRO,LUBOS | LIC#: | 18   |       |      |     | (N/C) |
|      |            | WK40  |      |       |      |     |       |

 FC:  
 PART#: 37110-H5000U  
 COUNT: 1  
 CLAIM TYPE: W  
 AUTH CODE:

 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00  
 25160 0.50 FOUND DEAD BATTERY. CHARGED AND TESTED BATTERY- FAILED.  
 PERFORMED COMPLETE SYSTEM TEST AND ALL OTHER COMPONENTS PASSED.  
 REPLACED BATTERY. OP CODES 37110A00 0.30HRS AND 37110R00 0.20HRS  
 \*\*\*\*\*

 C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK  
 AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH,  
 INTERIOR VACUUM FRONT FLOOR

 CAUSE: COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK,  
 WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR

 MPI COMPLIMENTARY MULTI POINT INSPECTION, FREE  
 BATTERY HEALTH CHECK, WALK AROUND AND  
 COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR VACUUM FRONT FLOOR

 18 BIRO,LUBOS LIC#: 18  
 ISE

 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00  
 \*\*\*\*\*

 We at Earnhardt Kia Thank you for your  
 business and appreciate you as a customer.  
 You may receive a satisfaction survey from  
 Kia, if for any reason you can not rate us  
 with a "10" response and "yes" response  
 Please contact Larry Donahue at 602.346.5447

 TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

 BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
 WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
 THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

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



Irvine, CA


**CARFAX® Vehicle History Report™**  
 An independent company established in 1986

US \$39.99

**Vehicle Information:**  
**2016 KIA FORTE LX**  
 VIN: KNAFX4A65G [REDACTED]  
 SEDAN 4 DR  
 1.8L I4 F DOHC 16V  
 GASOLINE  
 FRONT WHEEL DRIVE  
[Standard Equipment](#) | [Safety Options](#)

**CARFAX Report Provided By:**  
 Kia Motors America  
 111 Peters Canyon Rd  
 Irvine, CA 92606  
 949-468-4800

 No accidents reported to CARFAX  
 No other damage reported to CARFAX  
 CARFAX 1-Owner vehicle  
 1 Service history record  
 Personal vehicle  
 **24,239** Last reported odometer reading



This CARFAX Vehicle History Report is based only on [information](#) supplied to CARFAX and available as of 3/28/18 at 2:13:10 PM (EDT). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

|  <b>Ownership History</b><br>The number of owners is estimated |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Year purchased                                                                                                                                   | 2016        |
| Type of owner                                                                                                                                    | Personal    |
| Estimated length of ownership                                                                                                                    | 1 yr. 9 mo. |
| Owned in the following states/provinces                                                                                                          | Arizona     |
| Estimated miles driven per year                                                                                                                  | 18,783/yr   |
| Last reported odometer reading                                                                                                                   | 24,239      |

|  <b>Title History</b><br>CARFAX guarantees the information in this section                                                                                                                                                                                                                                         |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Salvage</a>   <a href="#">Junk</a>   <a href="#">Rebuilt</a>   <a href="#">Fire</a>   <a href="#">Flood</a>   <a href="#">Hail</a>   <a href="#">Lemon</a>                                                                                                                                                                                                                                |  Owner 1<br><b>Guaranteed</b><br>No Problem |
| <a href="#">Not Actual Mileage</a>   <a href="#">Exceeds Mechanical Limits</a>                                                                                                                                                                                                                                                                                                                        | <b>Guaranteed</b><br>No Problem                                                                                                  |
|  <b>GUARANTEED</b> - None of these major title problems were reported by a state Department of Motor Vehicles (DMV). If you find that any of these title problems were reported by a DMV and not included in this report, CARFAX will buy this vehicle back. <a href="#">Register</a>   <a href="#">View Terms</a> |                                                                                                                                  |

|  <b>Additional History</b><br>Not all accidents / issues are reported to CARFAX |                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Loss</b><br>No total loss reported to CARFAX.                                                                                                             |  Owner 1<br> No Issues Reported |
| <b>Structural Damage</b>                                                                                                                                           | No Issues Reported<br>[REDACTED]                                                                                                                                                                          |



|                                                                        |                     |
|------------------------------------------------------------------------|---------------------|
| No structural damage reported to CARFAX.                               |                     |
| <b>Airbag Deployment</b><br>No airbag deployment reported to CARFAX.   | No Issues Reported  |
| <b>Odometer Check</b><br>No indication of an odometer rollback.        | No Issues Indicated |
| <b>Accident / Damage</b><br>No accidents or damage reported to CARFAX. | No Issues Reported  |
| <b>Manufacturer Recall</b><br>No open recalls reported to CARFAX.      | No Recalls Reported |

| <b>CARFAX</b>                                                                                                                                              |  | <b>Detailed History</b>                                                                                                                                                                                        |          |                                                                                                     | <a href="#">Glossary</a>                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Owner 1</b><br>Purchased: 2016<br>Type: Personal<br>Where: Arizona<br>Est. miles/year: 18,783/yr<br>Est. length owned: 6/24/16 - present (1 yr, 9 mos.) |  | Date:                                                                                                                                                                                                          | Mileage: | Source:                                                                                             | Comments:                                                                                                                                                   |
|                                                                                                                                                            |  | 06/05/2016                                                                                                                                                                                                     | 8        | Dealer Inventory                                                                                    | Vehicle offered for sale                                                                                                                                    |
|                                                                                                                                                            |  | 06/24/2016                                                                                                                                                                                                     | 30       | Arizona<br>Motor Vehicle Dept.<br>Scottsdale, AZ<br>Title<br># [REDACTED]                           | Registration issued or renewed<br>Title or registration issued<br>First owner reported<br>Titled or registered as personal vehicle<br>Loan or lien reported |
|                                                                                                                                                            |  |  <div>Avoid financial headaches. Make sure the <b>loan</b> has been paid off if you're buying from a private seller.</div> |          |                                                                                                     |                                                                                                                                                             |
|                                                                                                                                                            |  | 10/08/2017                                                                                                                                                                                                     | 24,239   | Jacksons<br>Phoenix, AZ<br>602-494-9924<br><a href="http://jacksonswash.com/">jacksonswash.com/</a> | Vehicle serviced                                                                                                                                            |

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CARFAX

Glossary

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**First Owner**

When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

**Ownership History**

CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all the events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

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Covered by United States Patent Nos. 7,113,853; 7,778,841; 7,596,512; 8,600,823; 8,595,079; 8,606,648; 7,505,838.

3/28/18 2:13:10 PM (EDT)

## Crowell, Casey [KMA]

---

**From:** Leon, Gino [KMA]  
**Sent:** Monday, March 26, 2018 6:48 PM  
**To:** Guss, Russell [KMA]; Crowell, Casey [KMA]; Dunning, Derek [KMA]  
**Subject:** RE: Cust [REDACTED]  
**Attachments:** FORTE(YD)\_180220-074832.PDF; 292018 [REDACTED].pdf; 2202018 [REDACTED].pdf; 3162018 [REDACTED].pdf; 3232018 [REDACTED].pdf

[REDACTED] timeline 2016 Forte.

2092018 – A/C system blowing warm

- Tech had recharge A/C System 2/8/2018
- 27098 Miles – 27116 Miles
- Perform KDS Scan – History DTC's – None Active
- Install KDS flight record
- Install mechanical A/C gauges, taped to windshield
- Perform road test – Vehicle Operating as Designed
- Installed tape over service ports – tamper paint not available
- Parked Vehicle to return to customer

2122018 – A/C Blowing smoke – Dealership Inspection

- Customer states after one mile after receiving car it started to smoke (A/C Venting from high pressure) 2/12/2018
- 27246 miles In

2132018

- Tech removed tape 2/13/2018 before FTS could inspect (Test procedure contaminated)
- Tech Evacuated and Recharged system
- Tech performed road test 11 miles 27246 – 27255

2202018 – FTS Inspection

- Used Ultraviolet light to check for dye leaks
- High pressure port had signs of dye leaking – possible tamper?
- FTS evacuate and recharge to 530 Grams as per hood sticker
- Perform KDS Scan – no active DTC's
- Perform KDS road test and flight record – Vehicle Operating as Designed
- Apply tamper paint to A/C ports and electrical connectors underhood
- Released vehicle to customer.
- Miles out 27266
- Vehicle Operating as Designed

2212018 – Service manager called said car would not start or crank

- Advised Service Manager – nothing on RO stating battery issue
- Advised to have technician perform Battery test according GR8 Standards
- Never heard anything back

3162018

- Upon initial inspection initial inspection – Battery was at 3 Volts
- Perform GR8 test – failed
- Used Jump Box to start car and charge battery
- Battery at 12 Volts but GR8 was erratic indicating and internal issue with battery
- Replaced Battery – Performed GR8 Battery and Charging test – Vehicle Operating as designed



- Performed Draw Test – 8 milliamperes draw - Good
- Performed KDS road test 27266 miles Out - 27288 miles in
- Monitored A/C while driving with thermometer – 40 Degrees average
- Apply tamper paint to battery cover
- Vehicle Operating as Designed – released to dealership
  - Note: Jumper Cables were in back seat of vehicle with multiple spark witness marks on clamps – advised not to jump vehicles

3232018

- Customer states vehicle at idle began to shake and smoke – 27422 miles
- Upon initial inspection dye was on skidplate directly below A/C Compressor Hi pressure blow off valve
- Used Ultraviolet Light to verify dye had come out the Hi Pressure A/C blow off valve
- Perform Evacuation and blow out A/C evaporator and lines while checking for debris - none
- Recharge to 530 Grams
- Noticed Air Box snorkel was not properly secure, upon removal found the Cooling Fan Motor directly below snorkel or air cleaner ducting
- Notice connector was not firmly engaged – while engine is running disconnected cooling fan connector.
- Roughly 1 ½ minutes engine temperature did not rise but A/C Pressure went 450 + and A/C Hi Pressure relief valve vented
- Reconnected cooling fan connector install tamper paint on connector and snorkel assembly
- Re- evacuate and recharge 530 grams.
- Perform KDS Road Test City, Highway and Idling in traffic 27422 miles out – 27608 miles in
- Applied tamper paint to passenger compartment fuse box
  - Note: did not tape hood shut

3262018

- Customer stated to Service manager that within a ½ hour of picking up the vehicle the A/C System had vented (Unknown miles at time of occurrence)
- Upon initial physical inspection saw the skidplate had signs of dye where system had vented
- Inspected vehicle and no signs of tamper paint molested.
- Perform KDS Scan no DTC Active or in History
- Evacuated System and Recharged
- A/C system operating as designed
- Install GDS Flight Recorder
- Performed Road test 27745 miles out – 27750 miles in
- Advised Service manager, Service Advisor and Technician who is going to drive for next few day how to operate GDS VCI Trigger when and if system vents
- Note: Want to see on the Flight How, when and why and ask tech where and when if issue occurs?
- Sealed Hood with clear packing tape
- FTS to follow up in few days then contact FTS Supervisor and CA Analyst for instructions.
- \*\* Note: Multiple technicians, Service Manager and FTS have driven the vehicle multiple times and miles. Issue would never occur with them, only would occur with customer\*\*

**\*\*Need to be able to capture event/issue in order to properly diagnose\*\***

Thanks

Gino Leon - 지노 레온

Field Technical Specialist Western Region

**Kia Motors of America**

111 Peters Canyon Rd, Irvine, CA 92606



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Good

Very Good

Excellent

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## Search by Series

|            |                       |              |            |            |            |
|------------|-----------------------|--------------|------------|------------|------------|
| Dealer     | AZ045 / Earnhardt Kia | Series       | 2018 FORTE | Sales Date | 03/07/2018 |
| Sales Type | All                   | Today's Date | 03/07/2018 |            |            |

## Consumer Program

| Type          | Program ID | Program Name                              | End Date   | RDR Deadline | Claim Cutoff | Trim | Amount   |
|---------------|------------|-------------------------------------------|------------|--------------|--------------|------|----------|
| Customer Cash | 1803CCC011 | 18.03 CC- AK AZ HI ID MT NV OR WA (WE R2) | 04/30/2018 | 04/30/2018   |              | *    | \$ 2,500 |

## Specialty Program

| Type     | Program ID | Program Name   | End Date   | RDR Deadline | Claim Cutoff | Trim | Amount |
|----------|------------|----------------|------------|--------------|--------------|------|--------|
| Military | 1803SM1001 | 18.03 MILITARY | 04/30/2018 | 04/30/2018   | 05/31/2018   | *    | \$ 400 |

## APR Program - Low APR/1803RLA001/201803 K500 NA/2018-04-30

| Trim | Model Code | Option Group | FICO Score | Term (24~24) APR | Term (24~24) Bonus Cash | Term (25~36) APR | Term (25~36) Bonus Cash | Term (37~48) APR | Term (37~48) Bonus Cash | Term (49~60) APR | Term (49~60) Bonus Cash | Term (61~66) APR | Term (61~66) Bonus Cash | Term (67~72) APR | Term (67~72) Bonus Cash | Term (73~75) APR | Term (73~75) Bonus Cash |
|------|------------|--------------|------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|
| *    | *          | *            | 740~999    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    |
| *    | *          | *            | 720~739    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    |
| *    | *          | *            | 700~719    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    | 0.00             | \$ 0                    |
| *    | *          | *            | 680~699    | 0.50             | \$ 0                    | 0.50             | \$ 0                    | 0.50             | \$ 0                    | 0.50             | \$ 0                    | 0.90             | \$ 0                    | 2.25             | \$ 0                    |                  |                         |
| *    | *          | *            | 660~679    | 0.90             | \$ 0                    | 0.90             | \$ 0                    | 0.90             | \$ 0                    | 0.90             | \$ 0                    | 1.90             | \$ 0                    | 3.50             | \$ 0                    |                  |                         |
| *    | *          | *            | 640~659    | 1.90             | \$ 0                    | 1.90             | \$ 0                    | 1.90             | \$ 0                    | 1.90             | \$ 0                    | 2.90             | \$ 0                    | 4.50             | \$ 0                    |                  |                         |
| *    | *          | *            | 620~639    | 2.90             | \$ 0                    | 2.90             | \$ 0                    | 2.90             | \$ 0                    | 2.90             | \$ 0                    | 3.90             | \$ 0                    | 5.75             | \$ 0                    |                  |                         |
| *    | *          | *            | 580~619    | 3.90             | \$ 0                    | 3.90             | \$ 0                    | 3.90             | \$ 0                    | 3.90             | \$ 0                    | 4.90             | \$ 0                    | 7.25             | \$ 0                    |                  |                         |

## APR Program - Dealer Choice/1803RCH003/201803 K506 NA/2018-04-30

| Trim | Model Code | Option Group | FICO Score | Term (24~24) APR | Term (24~24) Bonus Cash | Term (25~36) APR | Term (25~36) Bonus Cash | Term (37~48) APR | Term (37~48) Bonus Cash | Term (49~60) APR | Term (49~60) Bonus Cash | Term (61~66) APR | Term (61~66) Bonus Cash | Term (67~72) APR | Term (67~72) Bonus Cash | Term (73~75) APR | Term (73~75) Bonus Cash |
|------|------------|--------------|------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|
| *    | *          | *            | 740~999    | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 3.90             | \$ 1,750                | 3.90             | \$ 1,750                |
| *    | *          | *            | 720~739    | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 2.90             | \$ 1,750                | 3.90             | \$ 1,750                | 3.90             | \$ 1,750                |
| *    | *          | *            | 700~719    | 3.90             | \$ 1,750                | 3.90             | \$ 1,750                | 3.90             | \$ 1,750                | 3.90             | \$ 1,750                | 3.90             | \$ 1,750                | 4.90             | \$ 1,750                | 5.40             | \$ 1,750                |
| *    | *          | *            | 680~699    | 4.50             | \$ 1,750                | 4.50             | \$ 1,750                | 4.50             | \$ 1,750                | 4.50             | \$ 1,750                | 4.90             | \$ 1,750                | 6.25             | \$ 1,750                | 6.75             | \$ 1,750                |
| *    | *          | *            | 660~679    | 4.90             | \$ 1,750                | 4.90             | \$ 1,750                | 4.90             | \$ 1,750                | 4.90             | \$ 1,750                | 5.90             | \$ 1,750                | 7.50             | \$ 1,750                | 8.00             | \$ 1,750                |
| *    | *          | *            | 640~659    | 5.90             | \$ 1,750                | 5.90             | \$ 1,750                | 5.90             | \$ 1,750                | 5.90             | \$ 1,750                | 6.90             | \$ 1,750                | 8.50             | \$ 1,750                | 9.00             | \$ 1,750                |
| *    | *          | *            | 620~639    | 6.90             | \$ 1,750                | 6.90             | \$ 1,750                | 6.90             | \$ 1,750                | 6.90             | \$ 1,750                | 7.90             | \$ 1,750                | 9.75             | \$ 1,750                | 10.25            | \$ 1,750                |
| *    | *          | *            | 580~619    | 7.90             | \$ 1,750                | 7.90             | \$ 1,750                | 7.90             | \$ 1,750                | 7.90             | \$ 1,750                | 8.90             | \$ 1,750                | 11.25            | \$ 1,750                |                  |                         |

## Lease Program - Special Lease/1803LLE001/201803 K502 RS/2018-04-30

| Trim | Model Code | Option Group | FICO Score | Mileage Per Year | Term (24~24) MF | Term (24~24) RV (%) | Term (24~24) Lease Cash | Term (24~24) Featured | Term (36~36) MF | Term (36~36) RV (%) | Term (36~36) Lease Cash | Term (36~36) Featured | Term (48~48) MF | Term (48~48) RV (%) | Term (48~48) Lease Cash | Term (48~48) Featured |
|------|------------|--------------|------------|------------------|-----------------|---------------------|-------------------------|-----------------------|-----------------|---------------------|-------------------------|-----------------------|-----------------|---------------------|-------------------------|-----------------------|
| SX   | C6582      | *            | 740~999    | 12K              | 0.00214         | 56                  | \$ 4,700                |                       | 0.0021          | 52                  | \$ 3,300                |                       | 0.0022          | 44                  | \$ 2,600                |                       |
| SX   | C6581      | *            | 740~999    | 12K              | 0.00217         | 53                  | \$ 5,800                |                       | 0.00208         | 49                  | \$ 4,200                |                       | 0.00221         | 43                  | \$ 3,000                |                       |
| EX   | C5562      | *            | 740~999    | 12K              | 0.00217         | 55                  | \$ 4,700                |                       | 0.00203         | 51                  | \$ 3,300                |                       | 0.00219         | 44                  | \$ 2,500                |                       |
| LX   | C5522      | *            | 740~999    | 12K              | 0.00208         | 53                  | \$ 4,600                | Y                     | 0.00207         | 49                  | \$ 3,600                | Y                     | 0.00212         | 42                  | \$ 2,900                |                       |

| Trim | Model Code | Option Group | FICO Score | Mileage Per Year | Term (24~24) MF | Term (24~24) RV (%) | Term (24~24) Lease Cash | Term (24~24) Featured | Term (36~36) MF | Term (36~36) RV (%) | Term (36~36) Lease Cash | Term (36~36) Featured | Term (48~48) MF | Term (48~48) RV (%) | Term (48~48) Lease Cash | Term (48~48) Featured |
|------|------------|--------------|------------|------------------|-----------------|---------------------|-------------------------|-----------------------|-----------------|---------------------|-------------------------|-----------------------|-----------------|---------------------|-------------------------|-----------------------|
| EX   | C5462      | *            | 740~999    | 12K              | 0.00212         | 56                  | \$ 4,200                |                       | 0.00202         | 52                  | \$ 2,800                |                       | 0.00215         | 43                  | \$ 2,300                |                       |
| S    | C3442      | *            | 740~999    | 12K              | 0.00222         | 55                  | \$ 4,100                |                       | 0.00206         | 51                  | \$ 2,800                |                       | 0.00211         | 43                  | \$ 2,100                |                       |
| LX   | C3422      | *            | 740~999    | 12K              | 0.00223         | 52                  | \$ 4,700                | Y                     | 0.0021          | 48                  | \$ 3,600                | Y                     | 0.00213         | 40                  | \$ 3,000                |                       |
| LX   | C3421      | *            | 740~999    | 12K              | 0.00224         | 49                  | \$ 5,000                |                       | 0.00204         | 45                  | \$ 3,800                |                       | 0.00206         | 37                  | \$ 3,100                |                       |
| S    | C3442      | *            | 720~739    | 12K              | 0.00222         | 55                  | \$ 4,100                |                       | 0.00206         | 51                  | \$ 2,800                |                       | 0.00211         | 43                  | \$ 2,100                |                       |
| LX   | C3421      | *            | 720~739    | 12K              | 0.00224         | 49                  | \$ 5,000                |                       | 0.00204         | 45                  | \$ 3,800                |                       | 0.00206         | 37                  | \$ 3,100                |                       |
| EX   | C5562      | *            | 720~739    | 12K              | 0.00217         | 55                  | \$ 4,700                |                       | 0.00203         | 51                  | \$ 3,300                |                       | 0.00219         | 44                  | \$ 2,500                |                       |
| LX   | C5522      | +            | 720~739    | 12K              | 0.00208         | 53                  | \$ 4,600                | Y                     | 0.00207         | 49                  | \$ 3,600                | Y                     | 0.00212         | 42                  | \$ 2,900                |                       |
| LX   | C3422      | *            | 720~739    | 12K              | 0.00223         | 52                  | \$ 4,700                | Y                     | 0.0021          | 48                  | \$ 3,600                | Y                     | 0.00213         | 40                  | \$ 3,000                |                       |
| SX   | C6581      | *            | 720~739    | 12K              | 0.00217         | 53                  | \$ 5,800                |                       | 0.00208         | 49                  | \$ 4,200                |                       | 0.00221         | 43                  | \$ 3,000                |                       |
| EX   | C5462      | *            | 720~739    | 12K              | 0.00212         | 56                  | \$ 4,200                |                       | 0.00202         | 52                  | \$ 2,800                |                       | 0.00215         | 43                  | \$ 2,300                |                       |
| SX   | C6582      | *            | 720~739    | 12K              | 0.00214         | 56                  | \$ 4,700                |                       | 0.0021          | 52                  | \$ 3,300                |                       | 0.0022          | 44                  | \$ 2,600                |                       |
| EX   | C5462      | *            | 700~719    | 12K              | 0.00212         | 56                  | \$ 4,200                |                       | 0.00202         | 52                  | \$ 2,800                |                       | 0.00215         | 43                  | \$ 2,300                |                       |
| LX   | C5522      | +            | 700~719    | 12K              | 0.00208         | 53                  | \$ 4,600                | Y                     | 0.00207         | 49                  | \$ 3,600                | Y                     | 0.00212         | 42                  | \$ 2,900                |                       |
| LX   | C3421      | *            | 700~719    | 12K              | 0.00224         | 49                  | \$ 5,000                |                       | 0.00204         | 45                  | \$ 3,800                |                       | 0.00206         | 37                  | \$ 3,100                |                       |
| S    | C3442      | *            | 700~719    | 12K              | 0.00222         | 55                  | \$ 4,100                |                       | 0.00206         | 51                  | \$ 2,800                |                       | 0.00211         | 43                  | \$ 2,100                |                       |
| EX   | C5562      | *            | 700~719    | 12K              | 0.00217         | 55                  | \$ 4,700                |                       | 0.00203         | 51                  | \$ 3,300                |                       | 0.00219         | 44                  | \$ 2,500                |                       |
| SX   | C6582      | *            | 700~719    | 12K              | 0.00214         | 56                  | \$ 4,700                |                       | 0.0021          | 52                  | \$ 3,300                |                       | 0.0022          | 44                  | \$ 2,600                |                       |
| SX   | C6581      | *            | 700~719    | 12K              | 0.00217         | 53                  | \$ 5,800                |                       | 0.00208         | 49                  | \$ 4,200                |                       | 0.00221         | 43                  | \$ 3,000                |                       |
| LX   | C3422      | *            | 700~719    | 12K              | 0.00223         | 52                  | \$ 4,700                | Y                     | 0.0021          | 48                  | \$ 3,600                | Y                     | 0.00213         | 40                  | \$ 3,000                |                       |
| LX   | C5522      | +            | 680~699    | 12K              |                 |                     |                         |                       | 0.00237         | 49                  | \$ 3,600                |                       | 0.00242         | 42                  | \$ 2,900                |                       |
| SX   | C6582      | *            | 680~699    | 12K              |                 |                     |                         |                       | 0.0024          | 52                  | \$ 3,300                |                       | 0.0025          | 44                  | \$ 2,600                |                       |
| SX   | C6581      | *            | 680~699    | 12K              |                 |                     |                         |                       | 0.00238         | 49                  | \$ 4,200                |                       | 0.00251         | 43                  | \$ 3,000                |                       |
| LX   | C3421      | *            | 680~699    | 12K              |                 |                     |                         |                       | 0.00234         | 45                  | \$ 3,800                |                       | 0.00236         | 37                  | \$ 3,100                |                       |
| EX   | C5562      | *            | 680~699    | 12K              |                 |                     |                         |                       | 0.00233         | 51                  | \$ 3,300                |                       | 0.00249         | 44                  | \$ 2,500                |                       |
| LX   | C3422      | *            | 680~699    | 12K              |                 |                     |                         |                       | 0.0024          | 48                  | \$ 3,600                |                       | 0.00243         | 40                  | \$ 3,000                |                       |
| S    | C3442      | *            | 680~699    | 12K              |                 |                     |                         |                       | 0.00236         | 51                  | \$ 2,800                |                       | 0.00241         | 43                  | \$ 2,100                |                       |
| EX   | C5462      | *            | 680~699    | 12K              |                 |                     |                         |                       | 0.00232         | 52                  | \$ 2,800                |                       | 0.00245         | 43                  | \$ 2,300                |                       |
| SX   | C6582      | *            | 660~679    | 12K              |                 |                     |                         |                       | 0.0028          | 52                  | \$ 3,300                |                       | 0.0029          | 44                  | \$ 2,600                |                       |
| SX   | C6581      | *            | 660~679    | 12K              |                 |                     |                         |                       | 0.00278         | 49                  | \$ 4,200                |                       | 0.00291         | 43                  | \$ 3,000                |                       |
| LX   | C3422      | *            | 660~679    | 12K              |                 |                     |                         |                       | 0.0028          | 48                  | \$ 3,600                |                       | 0.00283         | 40                  | \$ 3,000                |                       |
| LX   | C3421      | *            | 660~679    | 12K              |                 |                     |                         |                       | 0.00274         | 45                  | \$ 3,800                |                       | 0.00276         | 37                  | \$ 3,100                |                       |
| S    | C3442      | *            | 660~679    | 12K              |                 |                     |                         |                       | 0.00276         | 51                  | \$ 2,800                |                       | 0.00281         | 43                  | \$ 2,100                |                       |
| LX   | C5522      | +            | 660~679    | 12K              |                 |                     |                         |                       | 0.00277         | 49                  | \$ 3,600                |                       | 0.00282         | 42                  | \$ 2,900                |                       |
| EX   | C5562      | *            | 660~679    | 12K              |                 |                     |                         |                       | 0.00273         | 51                  | \$ 3,300                |                       | 0.00289         | 44                  | \$ 2,500                |                       |
| EX   | C5462      | +            | 660~679    | 12K              |                 |                     |                         |                       | 0.00272         | 52                  | \$ 2,800                |                       | 0.00285         | 43                  | \$ 2,300                |                       |
| SX   | C6582      | *            | 640~659    | 12K              |                 |                     |                         |                       | 0.0032          | 52                  | \$ 3,300                |                       | 0.0033          | 44                  | \$ 2,600                |                       |
| LX   | C3421      | +            | 640~659    | 12K              |                 |                     |                         |                       | 0.00314         | 45                  | \$ 3,800                |                       | 0.00316         | 37                  | \$ 3,100                |                       |
| LX   | C5522      | +            | 640~659    | 12K              |                 |                     |                         |                       | 0.00317         | 49                  | \$ 3,600                |                       | 0.00322         | 42                  | \$ 2,900                |                       |
| S    | C3442      | *            | 640~659    | 12K              |                 |                     |                         |                       | 0.00316         | 51                  | \$ 2,800                |                       | 0.00321         | 43                  | \$ 2,100                |                       |
| SX   | C6581      | *            | 640~659    | 12K              |                 |                     |                         |                       | 0.00318         | 49                  | \$ 4,200                |                       | 0.00331         | 43                  | \$ 3,000                |                       |
| EX   | C5462      | +            | 640~659    | 12K              |                 |                     |                         |                       | 0.00312         | 52                  | \$ 2,800                |                       | 0.00325         | 43                  | \$ 2,300                |                       |
| EX   | C5562      | *            | 640~659    | 12K              |                 |                     |                         |                       | 0.00313         | 51                  | \$ 3,300                |                       | 0.00329         | 44                  | \$ 2,500                |                       |
| LX   | C3422      | +            | 640~659    | 12K              |                 |                     |                         |                       | 0.0032          | 48                  | \$ 3,600                |                       | 0.00323         | 40                  | \$ 3,000                |                       |



| Trim | Model Code | Option Group | FICO Score | Mileage Per Year | Term (24~24) MF | Term (24~24) RV (%) | Term (24~24) Lease Cash | Term (24~24) Featured | Term (36~36) MF | Term (36~36) RV (%) | Term (36~36) Lease Cash | Term (36~36) Featured | Term (48~48) MF | Term (48~48) RV (%) | Term (48~48) Lease Cash | Term (48~48) Featured |
|------|------------|--------------|------------|------------------|-----------------|---------------------|-------------------------|-----------------------|-----------------|---------------------|-------------------------|-----------------------|-----------------|---------------------|-------------------------|-----------------------|
| LX   | C3421      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.00334         | 45                  | \$ 3,800                |                       | 0.00336         | 37                  | \$ 3,100                |                       |
| LX   | C3422      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.0034          | 48                  | \$ 3,600                |                       | 0.00343         | 40                  | \$ 3,000                |                       |
| SX   | C6582      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.0034          | 52                  | \$ 3,300                |                       | 0.0035          | 44                  | \$ 2,600                |                       |
| S    | C3442      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.00336         | 51                  | \$ 2,800                |                       | 0.00341         | 43                  | \$ 2,100                |                       |
| SX   | C6581      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.00338         | 49                  | \$ 4,200                |                       | 0.00351         | 43                  | \$ 3,000                |                       |
| EX   | C5462      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.00332         | 52                  | \$ 2,800                |                       | 0.00345         | 43                  | \$ 2,300                |                       |
| EX   | C5562      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.00333         | 51                  | \$ 3,300                |                       | 0.00349         | 44                  | \$ 2,500                |                       |
| LX   | C5522      | *            | 620~639    | 12K              |                 |                     |                         |                       | 0.00337         | 49                  | \$ 3,600                |                       | 0.00342         | 42                  | \$ 2,900                |                       |

**Memorandum  
Invoice**

# KIA MOTORS AMERICA

WESTERN REGION 111 PETERS CANYON ROAD IRVINE CA 92606-1790

DEALER NAME AND ADDRESS

Camelback Kia  
1450 E. CAMELBACK ROAD  
PHOENIX AZ 85014

INVOICE DATE

11/21/2017

INVOICE NO

PORT OF ENTRY

SHREVEPORT

FINANCE INSTITUTION AND ADDRESS

JP MORGAN CHASE  
201 N. Central Avenue  
PHOENIX 85004

DEALER CODE

AZ047

SHIPPED TO

Camelback Kia  
1450 E. CAMELBACK ROAD  
PHOENIX AZ 85014

| MODEL/OPT                                                                             | DESCRIPTION         | YEAR     | SERIAL NO.  | ENGINE NO.   | MSRP        | DEALER COST |
|---------------------------------------------------------------------------------------|---------------------|----------|-------------|--------------|-------------|-------------|
| C3422/025                                                                             | KIA FORTE LX        | 2018     | 3KPFL4A71JE | G4NHHE413328 |             |             |
| EXT.CODE                                                                              | EXT.COLOR           | INT.CODE | INT.COLOR   | KEY NO.      |             |             |
| 4SS                                                                                   | SILKY SILVER        | WK       | BLACK       | WD127        | \$17,800.00 | \$17,121.00 |
| ADDITIONAL INSTALLED EQUIPMENT :<br>(In addition to or in place of standard features) |                     |          |             |              |             |             |
| OPTIONS:                                                                              |                     |          |             |              |             |             |
| CF                                                                                    | Carpeted Floor Mats |          |             |              | \$125.00    | \$102.00    |
| CN                                                                                    | Cargo Net           |          |             |              | \$50.00     | \$42.00     |
| CT                                                                                    | Cargo Tray          |          |             |              | \$80.00     | \$67.00     |
| VLC                                                                                   | LX Popular Package  |          |             |              | \$1,000.00  | \$922.00    |
| MARKETING ALLOWANCE                                                                   |                     |          |             |              |             | \$183.00    |
| SUBTOTAL                                                                              |                     |          |             |              | \$19,055.00 | \$18,437.00 |
| OTHER CHARGES                                                                         |                     |          |             |              |             |             |
| INLAND FREIGHT & HANDLING                                                             |                     |          |             |              | \$895.00    | \$895.00    |
| TOTAL                                                                                 |                     |          |             |              | \$19,950.00 | \$19,332.00 |

**ATTENTION:**

DEALER/FINANCING BANK - FOR REFERENCE PURPOSES, PLEASE REFER TO ACH/DTC

MEMORANDUM INFORMATION ONLY  
THIS DOCUMENT DOES NOT TRANSFER TITLE

0015065851-C0572C-KRS0000-DAS0300

ORIGINAL

|                         |                                                                                             |
|-------------------------|---------------------------------------------------------------------------------------------|
| STOCK NO.<br>DEAL 61617 | MOTOR VEHICLE RETAIL INSTALLMENT<br>SALES CONTRACT AND<br>PURCHASE MONEY SECURITY AGREEMENT |
| Buyer(s)/Debtor(s)      | Seller/Creditor: EARNHARDT KIA                                                              |
| Address: SCOTTSDALE AZ  | 2121 E BELL RD<br>PHOENIX, AZ 85022                                                         |

This is an agreement for the installment purchase by you of the Vehicle described below. As used in this Contract, the words "you" and "your" mean the Buyer or Buyers who sign below. The words "we", "us", "our" and "Seller" refer to the Seller whose name and address appear above or to anyone to whom this Contract is assigned (referred to as the "Assignee"). If the Assignee notifies you that it has purchased this Contract, you agree to make all of your payments to the Assignee. This Contract may be cancelled by Seller if it is unable to assign the Contract to any one of the financial institutions with whom Seller regularly does business on terms acceptable to Seller. BY SIGNING BELOW, YOU ALSO AGREE TO ALL OF THE TERMS ON BOTH SIDES OF THIS CONTRACT. PLEASE READ THE BACK CAREFULLY.

| NEW OR USED | YEAR MODEL | MAKE TRADE NAME | NO. CYL. | BODY TYPE | MODEL # OR SERIES | VEHICLE I.D.# |
|-------------|------------|-----------------|----------|-----------|-------------------|---------------|
| NEW         | 2016       | KIA             | N/A      | SD        | FORTE             | KNAFY4A65     |

You intend to use the Vehicle primarily for: ☒ personal, family, or household purposes ("personal use") ☐ commercial, business, agricultural, or other non-personal use ("commercial use").

|                               |                                                                                     |                                                                                                                                                                                    |                                |                                |                                                               |
|-------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|---------------------------------------------------------------|
| <b>ANNUAL PERCENTAGE RATE</b> | THE COST OF YOUR CREDIT AS A YEARLY RATE.                                           | Number of Payments                                                                                                                                                                 | Your payment schedule will be: |                                |                                                               |
|                               | 4.90 %                                                                              | 75                                                                                                                                                                                 | Amount of Payments             | When Payments are Due:         |                                                               |
|                               |                                                                                     | N/A                                                                                                                                                                                | 391.69                         | MONTHLY, BEGINNING 21 JUL 2015 |                                                               |
| <b>FINANCE CHARGE</b>         | THE DOLLAR AMOUNT THE CREDIT WILL COST YOU.                                         | N/A                                                                                                                                                                                | N/A                            | Monthly: Beginning             | N/A                                                           |
|                               | \$ 4167.17                                                                          | Insurance: CREDIT LIFE INSURANCE AND CREDIT DISABILITY INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT, AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE ADDITIONAL COST. |                                |                                |                                                               |
| Amount Financed               | The amount of credit provided to you or on your behalf.                             | Type                                                                                                                                                                               | Term                           | Premium                        | Signature                                                     |
| \$ 25209.58                   |                                                                                     | Credit Life Insurance                                                                                                                                                              | NONE mos.                      | \$ NONE                        | I want credit life insurance only N/A                         |
|                               |                                                                                     | Disability Insurance                                                                                                                                                               | NONE mos.                      | \$ NONE                        | I want disability insurance only N/A                          |
| Total of Payments             | The amount you will have paid after you have made all payments as scheduled.        | Credit Life and Disability                                                                                                                                                         | NONE mos.                      | \$ NONE                        | I want credit life and disability insurance N/A               |
| \$ 29376.75                   |                                                                                     | Joint Credit Life Insurance                                                                                                                                                        | NONE mos.                      | \$ NONE                        | We want joint credit life insurance N/A                       |
|                               |                                                                                     | Joint Credit Life and Single Disability Insurance                                                                                                                                  | NONE mos.                      | \$ NONE                        | We want joint credit life and single disability insurance N/A |
| Total Sale Price              | The total cost of your purchase on credit including your down payment of \$ 2000.00 |                                                                                                                                                                                    |                                |                                |                                                               |
| \$ 31376.75                   |                                                                                     |                                                                                                                                                                                    |                                |                                |                                                               |

e means an estimate

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

Late Charge: If the Vehicle is purchased for personal use, and a payment is not paid in full within 10 days after it is due, you will pay a late charge not to exceed 5% of the unpaid balance of the installment.

Prepayments: If you pay off early, you will not have to pay a penalty.

See the other portions of this Contract for additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.



your down payment of \$ 2000.00  
 \$ 31376.75  
 o means an estimate

**Late Charge:** If the Vehicle is purchased for cash, you will pay a late charge not to exceed 5% of the unpaid balance of the installment due, you will pay off early, you will not have to pay a penalty.  
**Prepayment:** If you pay off early, you will not have to pay a penalty.  
 See the other portions of this Contract for additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

# ITEMIZATION OF AMOUNT FINANCED

1. Cash Price (incl. accessories) \$ 20664.00 + Sales Tax \$ 993.96 = Total Cash Price..... \$ 23454.47 (1)

2. Other charges included in this sale:  
 \*\* (a) Vehicle Service Contract (Term) 120 MOS to OR 100000 MILES DED \$ N/A \$ 2600.00  
 (b) Dealer Documentary Fee ..... \$ 489.00  
 \*\* (c) Other (describe) N/A to N/A \$ N/A  
 \*\* (d) Other (describe) N/A to N/A \$ N/A  
 \*\* (e) Other (describe) N/A to N/A \$ N/A  
 \*\* (f) Other (describe) N/A to N/A \$ N/A  
 Total ..... \$ 3089.00 (2)

3. Payments made on your behalf to Public Officials for Official Fees. .... \$ 316.11 (3)

4. Cash Sale Price (sum of items 1, 2 and 3) ..... \$ 26859.58 (4)

5. Trade-in 14 CHEV AVALIS \$ 7400.00 - \$ 9196.51 = \$ 1796.51 (5)  
 Yr. Make & Model Gross Allowance Payoff Net Trade-In (Deficiency)

6. Total Down Payment includes:  
 (a) Net Trade-In (item 5) (if negative, insert \$0) ..... \$ 0.00  
 (b) Cash Down Payment (Includes manufacturer's rebate of \$ 2000.00 assigned to Seller) \$ 2000.00  
 Total Down Payment (a + b) ..... \$ 2000.00

7. Unpaid balance of Cash Sale Price (item 4 less item 6) ..... \$ 24859.58

8. Payments made to others on your behalf:  
 \*\* (a) Amounts paid to Insurance Companies for Insurance Premiums:  
 (1) Credit Insurance Premiums \$ N/A + (2) Property Insurance Premiums \$ NONE  
 Total ..... \$ N/A (8a)  
 (b) Amounts paid to others:  
 \*\* (1) To: EASycARE for: GAP \$ 350.00 (8b)  
 \*\* (2) To: N/A for: N/A \$ N/A (8c)  
 \*\* (3) To: N/A for: N/A \$ N/A (8d)  
 Total Amount Paid to Others (Sum of items 8(a) through 8(d)) ..... \$ 350.00  
 \*\* Seller may be retaining a portion of this amount.

9. Amount Financed - Amount of credit you will get (item 7 plus item 8) ..... \$ 25209.58

10. If the "Amount Financed" exceeds \$ 54,600 or if the Vehicle is purchased primarily for commercial use, the "Amount Financed" is also the "Final Cash Price Balance".  
 the "Total of Payments" is also the "Time Balance".

11. **Property Insurance:** You promise to keep the Vehicle insured for its full value against loss or damage with loss payable endorsement in our favor during the time it is unpaid under this Contract. YOU MAY OBTAIN YOUR REQUIRED INSURANCE FROM ANY COMPANY ACCEPTABLE TO US. If you purchase your insurance from a company other than the Seller, the costs and items of coverage are as follows:  
 Collision (actual cash value of loss less \$ deductible) and Comprehensive TERM months PREMIUM \$



7. Unpaid balance of Cash Sale Price (item 4 less item 6) ..... \$ 24859.58 (7)

8. Payments made to others on your behalf:

\*\* (a) Amounts paid to Insurance Companies for Insurance Premiums:

(1) Credit Insurance Premiums \$ N/A + (2) Property Insurance Premiums \$ NONE (8a)

Total ..... \$ N/A

(b) Amounts paid to others:

\*\* (1) To: EASYCARE for: GAP \$ 350.00 (8b)

\*\* (2) To: N/A for: N/A \$ N/A (8c)

\*\* (3) To: N/A for: N/A \$ N/A (8d)

Total Amount Paid to Others (Sum of items 8(a) through 8(d)) ..... \$ 350.00 (8)

\*\* Seller may be retaining a portion of this amount.

9. Amount Financed - Amount of credit you will get (item 7 plus item 8) ..... \$ 25209.58 (9)

10. If the "Amount Financed" exceeds \$ 54,600 or if the Vehicle is purchased primarily for commercial use, the "Amount Financed" is also the "Final Cash Price Balance" and the "Total of Payments" is also the "Time Balance."

11. **Property Insurance:** You promise to keep the Vehicle insured for its full value against loss or damage with loss payable endorsement in our favor during the time any amount is unpaid under this Contract. YOU MAY OBTAIN YOUR REQUIRED INSURANCE FROM ANY COMPANY ACCEPTABLE TO US. If you purchase your insurance through Seller, the costs and items of coverage are as follows:

Collision (actual cash value of loss less \$ NONE deductible) and Comprehensive

TERM

PREMIUM

including fire and theft (cash value of loss less \$ NONE deductible)

NONE months

\$ NONE

Other (describe) NONE

NONE months

\$ NONE

If you buy insurance through your own agent, the cost is not included in this Contract. Please give us the name and telephone number of the agent you choose:

Agent's Name

Telephone Number

Agent's Address

City

N/A

State

N/A

**Promise to Pay:** By signing below, you promise to pay us the Amount Financed, together with finance charges calculated thereon at the Annual Percentage Rate. You agree to make your payments to us set forth in the Payment Schedule shown above. Your final payment may change, depending upon your payment habits. We will apply each payment first to accrued finance charges and late charges and then to reduce your unpaid balance. This means your finance charge will be less when you pay early and more if you pay late. Any necessary adjustments in your total finance charge will be reflected in your final payment. If a payment is not paid in full within 10 days after it is due, you will also pay a late charge. If the Vehicle is purchased for commercial use, the late charge will be 5% of the unpaid balance of the installment; if the Vehicle is purchased for personal use, the late charge will not exceed 5% of the unpaid balance of the installment.

**Security Interest:** To protect us if you do not pay as promised, or if you break some other promise of this Contract, you give us a purchase money security interest in the Vehicle, all accessions thereto, and in any proceeds of the Vehicle. If the Vehicle is purchased for commercial use, this security interest also covers all equipment, accessories, and parts (other than accessions) added to the Vehicle. If the Vehicle is purchased for personal use, this security interest also covers equipment, accessories, and parts (other than accessions) added to the Vehicle within 10 days of the date of this Contract. You also give us a security interest in the proceeds of any physical damage insurance policy on the Vehicle; all insurance, maintenance, service, or other contracts we finance for you; and all proceeds from insurance, maintenance, service, or other contracts we finance for you, including any refunds of premiums or charges from the contracts. This security interest does not cover any other debts you owe us, and this debt is not covered by any other security interest held by us. **NOTICE: BY GIVING US A SECURITY INTEREST IN THE VEHICLE DESCRIBED ABOVE, YOU WAIVE ALL RIGHTS PROVIDED BY LAW TO CLAIM THE VEHICLE EXEMPT FROM LEGAL PROCESS.**

#### LIMITATIONS/EXCLUSIONS OF PRODUCT WARRANTIES

(a) For "new" vehicles: (1) If the Vehicle is purchased for personal use, Seller makes no implied warranty of merchantability or of fitness for any particular purpose unless Seller also gives you a written warranty, on its own behalf, with respect to the Vehicle, or, at the time of the sale or within 90 days thereafter, Seller enters into a service contract, on its own behalf, with you which applies to the Vehicle. In that event, any implied warranties arising from the sale of the Vehicle shall be limited to the duration of a Seller's written warranty or service contract; (2) If the Vehicle is purchased for commercial use, Seller makes no implied warranty of merchantability or of fitness for any particular purpose. The Vehicle is sold to you AS IS, except for any express warranties made by Seller, on its own behalf, or by the manufacturer of the Vehicle or of any component parts; (3) In all cases, Seller shall not be liable for any consequential damages arising from any breach of any warranty, express or implied.

(b) For "used" vehicles:

(1) **Used Car Implied Warranty of Merchantability:**

The Seller hereby warrants that the vehicle will be fit for the ordinary purposes for which the vehicle is used for 15 days or 500 miles after delivery, whichever is earlier, except with regard to particular defects disclosed on the first page of this agreement. You (the Purchaser) will have to pay up to \$25.00 for each of the first two repairs if the warranty is violated.

(2) **Waiver of Used Car Implied Warranty of Merchantability:** Due to circumstances unusual to Seller's business, the used motor vehicle which is the subject of this Contract has the particular defects, if any, described below.

**ATTENTION PURCHASER:** Sign here only if the dealer told you that this vehicle has the following problem(s) and that you agree to buy the vehicle on those terms:

**ATENCIÓN COMPRADOR:** Firme aquí solamente si el vendedor le dijo que el vehículo tiene el siguiente problema(s) y que usted acepta el vehículo bajo estos términos:



Security Interest: To protect us if you do not pay as promised, or if you break some other promise of this Contract, you give us a purchase money security interest in all accessions thereto, and in any proceeds of the Vehicle. If the Vehicle is purchased for commercial use, this security interest also covers all equipment, accessories, and parts (other than accessions) added to the Vehicle within 10 days of the date of this Contract. You also give us a security interest in the proceeds of any physical damage insurance policy on the Vehicle; all insurance, maintenance, or charges from other contracts we finance for you, and all proceeds from insurance, maintenance, service, or other contracts we finance for you, including any refunds of premiums or charges from other contracts. This security interest does not cover any other debts you owe us, and this debt is not covered by any other security interest held by us. **NOTICE: BY GIVING US A SECURITY INTEREST IN THE VEHICLE DESCRIBED ABOVE, YOU WAIVE ALL RIGHTS PROVIDED BY LAW TO CLAIM THE VEHICLE EXEMPT FROM CREDIT PROCESS.**

**LIMITATIONS/EXCLUSIONS OF PRODUCT WARRANTIES:**  
(a) For "new" vehicles: (1) If the Vehicle is purchased for personal use, Seller makes no implied warranty of merchantability or of fitness for any particular purpose unless Seller also gives you a written warranty, on its own behalf, with respect to the Vehicle, or, at the time of the sale or within 90 days thereafter, Seller enters into a service contract, on its own behalf, with you which applies to the Vehicle. In that event, any implied warranties arising from the sale of the Vehicle shall be limited to the duration of a Seller's written warranty or service contract; (2) If the Vehicle is purchased for commercial use, Seller makes no implied warranty of merchantability or of fitness for any particular purpose. The Vehicle is sold to you AS IS, except for any express warranties made by Seller, on its own behalf, or by the manufacturer of the Vehicle or of any component parts; (3) In all cases, Seller shall not be liable for any consequential damages arising from any breach of any warranty, express or implied.

(b) For "used" vehicles:

(1) **Used Car Implied Warranty of Merchantability:**

The Seller hereby warrants that the vehicle will be fit for the ordinary purposes for which the vehicle is used for 15 days or 500 miles after delivery, whichever is earlier, except with regard to particular defects disclosed on the first page of this agreement. You (the Purchaser) will have to pay up to \$25,00 for each of the first two repairs if the warranty is violated.

(2) **Waiver of Used Car Implied Warranty of Merchantability:** Due to circumstances unusual to Seller's business, the used motor vehicle which is the subject of this Contract has the particular defects, if any, described below.

**ATTENTION PURCHASER:** Sign here only if the dealer told you that this vehicle has the following problem(s) and that you agree to buy the vehicle on those terms:

**ATENCION COMPRADOR:** Firme aqui solamente si el vendedor le dijo que el vehículo tiene el siguiente problema(s) y que usted conviene de compra el vehículo bajo estos términos:

1. \_\_\_\_\_ Buyer/Comprador \_\_\_\_\_ Date \_\_\_\_\_  
2. \_\_\_\_\_ Buyer/Comprador \_\_\_\_\_ Date \_\_\_\_\_  
3. \_\_\_\_\_ Buyer/Comprador \_\_\_\_\_ Date \_\_\_\_\_

(3) The vehicle is sold "AS IS -- NOT EXPRESSLY WARRANTED OR GUARANTEED" unless Seller gives you a separate written instrument showing the terms of any warranty or service contract given by Seller on its own behalf. If the Vehicle is purchased for personal use, Seller makes no implied warranty of fitness for any particular purpose, and the implied warranty of merchantability is limited to 15 days or 500 miles after delivery, whichever is earlier, as set forth above, unless Seller also gives you a written warranty, on its own behalf, with respect to the Vehicle, or, at the time of the sale or within 90 days thereafter, Seller enters into a service contract, on its own behalf, with you which applies to the Vehicle. In that event, any implied warranties arising from the sale of the Vehicle shall be limited to the duration of Seller's written warranty or service contract. If the Vehicle is purchased for commercial use, Seller makes no implied warranty of fitness for any particular purpose, and the implied warranty of merchantability is limited to 15 days or 500 miles after delivery, whichever is earlier. In all cases, Seller shall not be liable for any consequential damages arising from any breach of any warranty, express or implied, except for a breach of the implied warranty of merchantability.

**NOTICE TO BUYER:** 1. Do not sign this Contract before you read it or if it contains any blank spaces. 2. You are entitled to an exact copy of the Contract you sign.

Annual Percentage Rate (APR) for the installment sale of an automobile may be negotiated with the dealership; and the dealership may receive some portion of the finance charge or receive other compensation for providing the financing.

**LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED IN THIS CONTRACT, UNLESS DESCRIBED IN ITEM 11 AND AN APPROPRIATE PREMIUM CHARGE IS SHOWN IN ITEM 8(A) ABOVE.**

**SELLER IS REGULATED AND COMPLAINTS CONCERNING THIS CONTRACT MAY BE ADDRESSED TO:**

ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS  
2910 N. 44th STREET, SUITE 310  
PHOENIX, ARIZONA 85018  
TELEPHONE: (602) 771-2800

Buyer(s) Acknowledge(s) receipt of a fully completed copy of this Contract.

\*BUYER  
\*BUYER

Dated this 6TH day of JUN, 2016, by FARMHART KIA Its FINANCE MGR

\*OTHER OWNERS: If a person shown on the certificate of title as an owner of the vehicle does not want to be separately liable to pay this debt, please sign below to give us a security interest in the Vehicle, its proceeds, and physical damage insurance policy and any refunds of insurance premiums.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THE TRANSACTION WHICH IS THE SUBJECT OF THIS CONTRACT IS OR IS NOT SUBJECT TO A FEE RECEIVED BY A BROKER FROM THE SELLING MOTOR VEHICLE DEALER. IF APPLICABLE, THE NAME OF THE BROKER IS:**

**ASSIGNMENT**

Seller hereby assigns this Contract to the below designated Assignee under the terms and conditions of a Dealer Agreement (Recourse Non-Recourse) previously entered into between Seller and Assignee, and in any event in accordance with the terms, conditions and warranties of the Seller's Assignment and Warranty on the reverse side hereto.

Assigned to: KIA DATED: 06/06/2016 AUTHORIZED SIGNER: TITLE: \_\_\_\_\_  
Form No. 12 02005 B-D-S, INC. (Rev. 6/10) Branch: 2975-BECKMAN BLVD DULUTH GA 30096 ALL RIGHTS RESERVED



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 1

 2121 E. Bell Rd. Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardtkia.com

HOME

CONT:

BUS:

CELL:

SERVICE ADVISOR: 7 RON EGBERT

| COLOR         | YEAR      | MAKE/MODEL    | VIN                | LICENSE       | MILEAGE IN/OUT | TAG     |          |
|---------------|-----------|---------------|--------------------|---------------|----------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A650         |               | 15575/15575    | T1202   |          |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED           | PONO          | RATE           | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | WAIT 03APR17       |               |                | CASH    | 04APR17  |
| R.O. OPENED   |           | READY         | OPTIONS: SOLD-STK: |               | ENG:1.8_Liter  |         |          |
| 16:31 03APR17 |           | 08:26 04APR17 |                    | TRN:Automatic |                |         |          |

|             |      |      |       |      |     |       |
|-------------|------|------|-------|------|-----|-------|
| LINE OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|-------------|------|------|-------|------|-----|-------|

A CHECK BATTERY? C/S HAVING TO JUMP START 3 TIMES TODAY, AND ONE OTHER  
 TIME A FEW WEEKS AGO

CAUSE: BATTERY FAILED

37110R00 BATTERY REPLACEMENT

 50 RENYER, MITCHELL LIC#: 50  
 WK40

(N/C)

1 37110-H5000U BATTERY H5-61 YD

(N/C)

37110A00 BATTERY TEST &amp; RECHARGE

 50 RENYER, MITCHELL LIC#: 50  
 WK40

(N/C)

FC:

PART#: 37110-H5000U

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

|        |      |        |      |        |      |               |      |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

15575 Vehicle had to be jump started 0.50

tested battery, battery failed load test. replaced bad battery with new.

37110A00 0.30

37110R00 0.20

BATTERY CODE KLUA1P ECOSOT

\*\*\*\*\*

B COMPLIMENTARY MULTI POINT INSPECTION, WALK AROUND AND DELUXE CAR WASH  
 WHICH INCLUDES EXTERIOR WASH, INTERIOR VACUUM, WINDOWS CLEANED  
 INSIDE AND OUT AND TIRE DRESSING

MPI DEFAULT

50 RENYER, MITCHELL LIC#: 50

ISE

(N/C)

|        |      |        |      |        |      |               |      |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE B: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

15575 INSPECTION PERFORMED A MULTI POINT INSPECTION

\*\*\*\*\*

## TERMS OF SALE:

 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

 BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
 WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
 THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

INVOICE



SCOTTSDALE, AZ

PAGE 2

2121 E. Bell Rd. Phoenix, AZ 85022

(602) 346-5400

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HOME

CONT

BUS:

CELL:

SERVICE ADVISOR: 7 RON EGBERT

|               |               |                                  |              |         |                |         |
|---------------|---------------|----------------------------------|--------------|---------|----------------|---------|
| COLOR         | YEAR          | MAKE/MODEL                       | VIN          | LICENSE | MILEAGE IN/OUT | TAG     |
| SNOW WHITE    | 16            | KIA FORTE                        | KNAFX4A65G   |         | 15575/15575    | T1202   |
| DEL DATE      | PROD DATE     | WARR EXP                         | PROMISED     | PONO    | RATE           | PAYMENT |
| 06JUN16 DD    |               |                                  | WAIT 03APR17 |         |                | CASH    |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK: ENG:1.8 Liter |              |         |                |         |
| 16:31 03APR17 | 08:26 04APR17 | TRN:Automatic                    |              |         |                |         |

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

\*\*\*\*\*THE FOLLOWING WORK WAS RECOMMENDED BUT NOT PERFORMED\*\*\*\*\*

,, DESCRIPTION: KES1 PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND

,, REASON DENIED: NO VEHICLE OVERDUE FOR ROUTINE MAINTENANCE

,, PERSON CONTACTED: ALLISON

,, COMMENTS: NONE

,, RECOMMENDED BY: 7 EGBERT

DENIAL ADDED BY: 7 EGBERT

,, LINE ASSOCIATED:

ESTIMATE: 39.95

,, DESCRIPTION: KES15 REPLACE CABIN AIR FILTER

,, REASON DENIED: NO UNABLE TO CONTACT OWNER VERY DIRTY!!

,, PERSON CONTACTED: ALLISON

,, COMMENTS: NONE

,, RECOMMENDED BY: 7 EGBERT

DENIAL ADDED BY: 7 EGBERT

,, LINE ASSOCIATED:

ESTIMATE: 59.95

,, DESCRIPTION: 22 2TIRES

,, REASON DENIED: NO UNABLE TO CONTACT OWNER P195/65R15 NEXEN CP662

,, PERSON CONTACTED: ALLISON

,, COMMENTS: NONE

,, RECOMMENDED BY: 7 EGBERT

DENIAL ADDED BY: 7 EGBERT

,, LINE ASSOCIATED:

ESTIMATE: 230.00

CREATED 2017-04-03 10:23:00AM

TAKEN BY ELENA MC NULTY

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447

## TERMS OF SALE:

DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

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



CUSTOMER #:

INVOICE



2121 E. Bell Rd. Phoenix, AZ 85007  
(602) 346-5400  
www.earnhardt.com

PAGE 1

SCOTTSDALE, AZ

BUS:

CONT: [REDACTED]  
CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| MAKE/MODEL               | VIN                                                | LICENSE       | MILEAGE IN/OUT | TAG   |
|--------------------------|----------------------------------------------------|---------------|----------------|-------|
| SNOW WHITE 1.6 KIA FORTE | KNAFX4A65G5 [REDACTED]                             |               | 24594/24594    | T4720 |
| DEL DATE                 | WARR EXP.                                          | PROMISED      | PO NO.         | RATE  |
| 06JUN16 DE               |                                                    | 18:00 02NOV17 |                |       |
| PAYMENT                  | INV DATE                                           |               |                |       |
| CASH                     | 03NOV17                                            |               |                |       |
| READY                    | OPTIONS:                                           |               |                |       |
|                          | SOLD-STK [REDACTED] ENG:1.8 Liter<br>TRN:Automatic |               |                |       |

15-17 01NOV17 18-18 03NOV17

LINE 01 CODE 1200 TYPE HOURS

LIST NET TOTAL

A/C B A/C IS BLOWING WARM AT ALL TIMES, CHECK AND ADVISE.

CAUSE: A/C COMPRESSOR FAILURE A/C DISCHARGE LINE FAILURE

97701R00 A/C COMPRESSOR ASSY R&amp;R (\*\*) (REFER TO TSB)

18 BIRO, LUBOS LIC#: 18  
WK40

1 97701-A5100 COMPRESSOR ASSY

1 97690-34350 RING-O

1 97690-34350 O-RING

1 UM040-CH015W WARR, REFRIG 2LBS

1 97762-A7610 HOSE-DISCHARGE

97762R00 A/C DISCHARGE HOSE R&amp;R (\*\*)

18 BIRO, LUBOS LIC#: 18  
WK40

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

18 BIRO, LUBOS LIC#: 18  
WK40

97701F01 A/C ECV OPERATION TEST BY USING GDS

18 BIRO, LUBOS LIC#: 18  
WK40

ECV

PARTS: 97701-A5100

COUNT: 4

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL CAR INVOICE [REDACTED] PO 18738 PO#18738

WK40

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

(N/C)

24594-1.60 DIAGNOSIS FOUND LEAKING DISCHARGE HOSE AND COMPRESSOR

WAS DEFECTIVE. LABOR OPS PERFORMED ARE AS FOLLOW: 97701F01 ECV OP TEST

W/GDS 0.20HRS, 97701R00 R&amp;R COMPRESSOR 0.60HRS, 97762R00 REPLACE

DISCHARGE HOSE 0.30HRS AND 09760A00 EVACUATE AND CHARGE SYSTEM 0.50HRS.

TOTAL HRS: 1.60HRS VDN B28VAAZ0451711020041

TERMS OF SALE: DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE: [REDACTED]

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

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HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN           | LICENSE            | MILEAGE IN/OUT | TAG           |          |
|---------------|-----------|---------------|---------------|--------------------|----------------|---------------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G5   |                    | 24594/24594    | 7A720         |          |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED      | PO NO.             | RATE           | PAYMENT       | INV DATE |
| 06JUN16       | DD        |               | 18:00 02NOV17 |                    |                | CASH          | 03NOV17  |
| R.O. OPENED   |           | READY         |               | OPTIONS: SOLD-STK: |                | ENG:1.8 Liter |          |
| 15:47 01NOV17 |           | 10:13 03NOV17 |               | TRN:Automatic      |                |               |          |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
 B C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT TOWARDS THE RIGHT SIDE  
 WHILE THEY WERE AT A IDLE, CHECK AND ADVISE

## CAUSE:

INFO SEE LINE A FOR REPAIR

18 BIRO, LUBOS LIC#: 18

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

(N/C)  
0.00

24594 SMOKE WAS FROM COMPRESSOR ISSUE. CAR WAS RUNNING IN LIMP-IN  
 MODE. FOUND EXHAUST CAM IN FULLY RETARDED POSITION W/KDS DATA STREAM  
 SCAN. CHECKING THE CAMSHAFT POSITION SENSOR, FOUND THAT SOMEONE HAD  
 UNPLUGGED THE SENSOR AND PUT IT BACK ON THE PLUG WITHOUT FULLY SEATING  
 IT TO MAKE IT APPEAR TO BE PLUGGED IN. CLEAR CASE OF SABATOGE. PLUGGED  
 IN SENSOR AND CLEARED CODES. VEHICLE NOW OPERATING AS DESIGNED

\*\*\*\*\*

C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK  
 AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH,  
 INTERIOR VACUUM FRONT FLOOR

CAUSE: COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK,  
 WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR

MPT COMPLIMENTARY MULTI POINT INSPECTION, FREE  
 BATTERY HEALTH CHECK, WALK AROUND AND  
 COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR VACUUM FRONT FLOOR

18 BIRO, LUBOS LIC#: 18

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C:

(N/C)  
0.00

24594 COMPLETED.

\*\*\*\*\*

## D\*\* CAR RENTAL

## CAUSE:

INFO SEE LINE A FOR RENTAL CAR SUBLET

18 BIRO, LUBOS LIC#: 18

ISE

(N/C)

TERMS OF SALE  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
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 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER COPY



CUSTOMER #:

## INVOICE



PAGE 3

 2121 E. Bell Rd. Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardt Kia.com

SCOTTSDALE, AZ

 HOME: [REDACTED] CONT: [REDACTED]  
 BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |           |                                             |               |               |                |         |
|---------------|-----------|---------------------------------------------|---------------|---------------|----------------|---------|
| COLOR         | YEAR      | MAKE/MODEL                                  | VIN           | LICENSE       | MILEAGE IN/OUT | TAG     |
| SNOW WHITE    | 16        | KIA FORTE                                   | KNAFX4A65G    |               | 24594/24594    | T4720   |
| DEL DATE      | PROD DATE | WARR EXP                                    | PROMISED      | PO NO         | RATE           | PAYMENT |
| 06JUN16 DD    |           |                                             | 18:00 02NOV17 |               |                | CASH    |
| R.O. OPENED   | READY     | OPTIONS: SOLD-STK: [REDACTED] ENG:1.8 Liter |               |               |                |         |
| 15:47 01NOV17 |           | 10:13 03NOV17                               |               | TRN:Automatic |                |         |

|        |        |      |      |       |               |      |        |
|--------|--------|------|------|-------|---------------|------|--------|
| LINE   | OPCODE | TECH | TYPE | HOURS | LIST          | NET  | TOTAL  |
| PARTS: |        |      |      | 0.00  | LABOR:        | 0.00 | OTHER: |
|        |        |      |      | 0.00  | TOTAL LINE D: | 0.00 |        |

\*\*\*\*\*

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response. Please contact Larry Donahue at 602.346.5447

TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
 WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
 THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

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

CUSTOMER COPY



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 1

 2121 E. Bell Rd. Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardt.com

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR       | YEAR       | MAKE/MODEL | VIN               | LICENSE | MILEAGE IN/OUT | TAG     |           |
|-------------|------------|------------|-------------------|---------|----------------|---------|-----------|
| SNOW WHITE  | 16         | KIA FORTE  | KNAFX4A65G        |         | 25080/25080    | T4765   |           |
| DEL. DATE   | PROD. DATE | WARR EXP   | PROMISED          | PONO    | RATE           | PAYMENT | INV. DATE |
| 06JUN16 DD  |            |            | WAIT 07NOV17      |         |                | CASH    | 14NOV17   |
| R.O. OPENED |            | READY      | OPTIONS: SOLD-STK |         | ENG:1.8 Liter  |         |           |
|             |            |            | TRN:Automatic     |         |                |         |           |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
 A C/S VEHICLE KEEPS DYING, BATTERY WAS REPLACED IN 04/2017, CHECK CHARGING SYSTEM.

CAUSE: NO START

 45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)  
 R&R

 17 YOUNG, AARON LIC#: 17  
 WK40

1 42700-26700 SWITCH-INHIBITOR

(N/C)

 45900R00 GDS OPERATION - SWITCH TRANS RANGE  
 (INHIBITOR)

(N/C)

 17 YOUNG, AARON LIC#: 17  
 WK40

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00  
 25080 NO START 0.70 CHECKED THE GDS 45900R00 FOR ISSUES IT WAS  
 SHOWING THAT THE RANGE SWITCH WAS NOT SHOWING IN PARK 45900R00 REPLACED  
 RANGE SWITCH ( VDN #B28VAaz045171107008I)

\*\*\*\*\*

B\*\* C/S A/C IS BLOWING WARM AND SMOKE IS COMING OUT OF ENGINE  
 COMPARTMENT.

CAUSE: BLOWS WARM

 97701R00 A/C COMPRESSOR ASSY R&R (\*\*) (REFER TO  
 TSB)

 17 YOUNG, AARON LIC#: 17  
 WK40

(N/C)

1 97701-A5100 COMPRESSOR ASSY

(N/C)

1 97762-A7610 HOSE-DISCHARGE

(N/C)

1 UM040-CH015W WARR, REFRIG 2LBS

(N/C)

1 97690-34330 O-RING

(N/C)

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 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
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 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

2121 E. Bell Rd. - Phoenix, AZ 85022

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CONT

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN                              | LICENSE | MILEAGE IN/OUT | TAG     |          |
|---------------|-----------|---------------|----------------------------------|---------|----------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G5                      |         | 25080/25080    | T4765   |          |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED                         | PONO    | RATE           | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | WAIT 07NOV17                     |         |                | CASH    | 14NOV17  |
| R.O. OPENED   |           | READY         | OPTIONS: SOLD-STK: ENG:1.8 Liter |         |                |         |          |
| 15:46 06NOV17 |           | 12:32 14NOV17 | TRN:Automatic                    |         |                |         |          |

| LINE     | OPCODE                             | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|----------|------------------------------------|------|------|-------|------|-----|-------|
| 97762R00 | A/C DISCHARGE HOSE R&R (**)        |      |      |       |      |     |       |
|          | 17 YOUNG, AARON LIC#: 17           |      |      |       |      |     | (N/C) |
|          | WK40                               |      |      |       |      |     |       |
| 09760A00 | AIR CONDITIONING EVACUATE & CHARGE |      |      |       |      |     |       |
|          | 17 YOUNG, AARON LIC#: 17           |      |      |       |      |     | (N/C) |
|          | WK40                               |      |      |       |      |     |       |

FC:

PART#: 97701-A5100

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INV: WK40, PO: PO:

(N/C)

 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00  
 25080 a/c 1.40 A/C COMPRESSOR BLEW THREW THE CASE SEALS REPLACED  
 A/C COMPRESSOR 97701R00 DISCHARGE HOSE WAS LEAKING FROM SIDE OF HOSE  
 REPLACED DISCHARGE HOSE 97762R00 EVAC AND RECHARGED SYSTEM 09760A00

\*\*\*\*\*

 C\*\* PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND ADJUST  
 TIRE PRESSURE.

 CAUSE: COMPLETED LUBE, OIL AND FILTER, TOP OFF ALL FLUIDS ADJUST TIRE  
 PRESSURE.

S11 SEE LINE C

17 YOUNG, AARON LIC#: 17

CQL

1 26300-35504 FILTER ASSY-ENGINE O

6.60 40.50 40.50

1 K9956-41400 GASKET/PACKING

1.14 1.14 1.14

5 BULK MOTOR OIL

2.00 2.00 10.00

FREELOF COMPLIMENTARY OIL CHANGE

CQL

-58.24 -58.24

PARTS: 17.74 LABOR: 40.50 OTHER: -58.24 TOTAL LINE C: 0.00

25080 LOF 0.30 LOF

\*\*\*\*\*

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 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #: [REDACTED]

INVOICE



SCOTTSDALE, AZ

PAGE 3

2121 E. Bell Rd. · Phoenix, AZ 85022  
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www.earnhardt Kia.com

HOME: [REDACTED]

CONT: [REDACTED]

BUS: [REDACTED]

CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN                | LICENSE | MILEAGE IN/OUT | TAG     |           |
|---------------|------------|---------------|--------------------|---------|----------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G9        |         | 25080/25080    | T4765   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED           | PONO    | RATE           | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | WAIT 07NOV17       |         |                | CASH    | 14NOV17   |
| R.O. OPENED   |            | READY         | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter  |         |           |
| 15:46 06NOV17 |            | 12:32 14NOV17 | TRN:Automatic      |         |                |         |           |

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

D\*\* CAR RENTAL

CAUSE: .

RENTAL SEE LINE B

17 YOUNG, AARON LIC#: 17

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00 (N/C)

\*\*\*\*\*

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 40.50  |
| PARTS AMOUNT           | 17.74  |
| GAS, OIL, LUBE         | 0.00   |
| SUBLET AMOUNT          | 0.00   |
| MISC. CHARGES          | 0.00   |
| TOTAL CHARGES          | 58.24  |
| LESS INSURANCE         | 58.24  |
| SALES TAX              | 0.00   |
| PLEASE PAY THIS AMOUNT | 0.00   |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 1

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HOME:

CONT: 4

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN/OUT |           | TAG   |
|---------------|-----------|---------------|---------------|--------------------|---------|----------------|-----------|-------|
| SNOW WHITE    | 16        | KIA FORTE     |               | KNAFX4A65G5        |         | 25160/25160    |           | T4796 |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED      | PONO               | RATE    | PAYMENT        | INV. DATE |       |
| 06JUN16 DD    |           |               | 17:00 11NOV17 |                    |         | CASH           | 15NOV17   |       |
| R/O OPENED    |           | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter  |           |       |
| 14:37 11NOV17 |           | 16:06 15NOV17 |               | TRN:Automatic      |         |                |           |       |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
 A C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT, CUSTOMER STATES  
 REFRIGERANT WAS LEAKING OUT.

CAUSE: LEAKING

97602R00 A/C EXPANSION VALVE R&amp;R (\*\*)

18 BIRO, LUBOS LIC#: 18

WK40

(N/C)

1 97626-A7000 VALVE-EXPANSION

(N/C)

1 97690-34340 RING-O

(N/C)

1 97690-34310 RING-O

(N/C)

1 UM040-CH015W WARR, REFRIG 2LBS

(N/C)

2 97690-34340 RING-O

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

18 BIRO, LUBOS LIC#: 18

WK40

(N/C)

FC:

PART#: 97626-A7000

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

25160 0.70 DIAGNOSED CUSTOMER CONCERN AND FOUND EXPANSION VALVE  
 INTERMITTENTLY STICKING, CREATING HIGH PRESSURE AND BLOWING PRESSURE  
 VALVE ON COMPRESSOR. REPLACED EXPANSION VALVE AND PERFORMED EVAC AND  
 RECHARGE TO A/C SYSTEM. DROVE VEHICLE EXTENSIVELY AND A/C PERFORMED  
 FLAWLESSLY AT THIS TIME. OPS 97602R00 0.20HRS AND 09760A00 0.50HRS

\*\*\*\*\*

B C/S VEHICLE DOES NOT START AT TIMES.

CAUSE: BATTERY FAILED

37110R00 BATTERY REPLACEMENT

18 BIRO, LUBOS LIC#: 18

WK40

(N/C)

1 37110-H5000U BATTERY H5-61 YD

(N/C)

37110A00 BATTERY TEST &amp; RECHARGE

TERMS OF SALE:  
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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ [REDACTED]

PAGE 1

2121 E. Bell Rd. · Phoenix, AZ 85022  
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www.earnhardt Kia.com

HOME [REDACTED] CONT: [REDACTED]

BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|                 |            |                 |               |                             |        |                  |                  |           |
|-----------------|------------|-----------------|---------------|-----------------------------|--------|------------------|------------------|-----------|
| BUS: [REDACTED] |            | CBM: [REDACTED] |               | SERVICE ADVISOR: [REDACTED] |        | DATE: [REDACTED] |                  |           |
| COLOR           | YEAR       | MAKE/MODEL      |               | VIN                         |        | LICENSE          | MILEAGE IN / OUT | TAG       |
| SNOW WHITE      | 16         | KIA FORTE       |               | KNAFX4A65G5 [REDACTED]      |        |                  | 25160/25160      | T4796     |
| DEL. DATE       | PROD. DATE | WARR. EXP.      | PROMISED      |                             | PO NO. | RATE             | PAYMENT          | INV. DATE |
| 06JUN16 DD      |            |                 | 17:00 11NOV17 |                             |        |                  | CASH             | 15NOV17   |
| R.O. OPENED     |            | READY           |               | OPTIONS: SOLD-ST [REDACTED] |        | ENG:1.8_Liter    |                  |           |
|                 |            |                 |               | TRN:Automatic               |        |                  |                  |           |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT, CUSTOMER STATES  
REFRIGERANT WAS LEAKING OUT.

CAUSE: LEAKING

97602R00 A/C EXPANSION VALVE R&amp;R (\*\*)

18 BIRO,LUBOS LIC#: 18

WK40

1 97626-A7000 VALVE-EXPANSION

1 97690-34340 RING-O

1 97690-34310 RING-O

1 UM040-CH015W WARR, REFRIG 2LBS

2 97690-34340 RING-O

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

18 BIRO,LUBOS LIC#: 18

WK40

(N/C)

(N/C)

(N/C)

(N/C)

(N/C)

(N/C)

(N/C)

FC:

PART#: 97626-A7000

COUNT: 1

CLAIM TYPE: W

AUTH CODE:



PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

25160 0.70 DIAGNOSED CUSTOMER CONCERN AND FOUND EXPANSION VALVE  
INTERMITTENTLY STICKING, CREATING HIGH PRESSURE AND BLOWING PRESSURE  
VALVE ON COMPRESSOR. REPLACED EXPANSION VALVE AND PERFORMED EVAC AND  
RECHARGE TO A/C SYSTEM. DROVE VEHICLE EXTENSIVELY AND A/C PERFORMED  
FLAWLESSLY AT THIS TIME. OPS 97602R00 0.20HRS AND 09760A00 0.50HRS

\*\*\*\*\*

B C/S VEHICLE DOES NOT START AT TIMES.

CAUSE: BATTERY FAILED

37110R00 BATTERY REPLACEMENT

18 BIRO,LUBOS LIC#: 18

WK40

1 37110-H5000U BATTERY H5-61 YD

37110A00 BATTERY TEST &amp; RECHARGE

(N/C)

(N/C)

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MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION               | TOTALS |
|---------------------------|--------|
| LABOR AMOUNT              |        |
| PARTS AMOUNT              |        |
| GAS, OIL, LUBE            |        |
| SUBLET AMOUNT             |        |
| MISC. CHARGES             |        |
| TOTAL CHARGES             |        |
| LESS INSURANCE            |        |
| SALES TAX                 |        |
| PLEASE PAY<br>THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

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SERVICE ADVISOR: 6 ARIEL LEYVA

|             |  |            |            |               |                    |         |                  |         |           |
|-------------|--|------------|------------|---------------|--------------------|---------|------------------|---------|-----------|
| COLOR       |  | YEAR       | MAKE/MODEL |               | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG       |
| SNOW WHITE  |  | 16         | KIA FORTE  |               | KNAFX4A65G         |         | 25160/25160      |         | T4796     |
| DEL. DATE   |  | PROD. DATE | WARR. EXP. | PROMISED      |                    | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD  |  |            |            | 17:00 11NOV17 |                    |         |                  | CASH    | 15NOV17   |
| R.O. OPENED |  |            | READY      |               | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
|             |  |            |            |               | TRN:Automatic      |         |                  |         |           |

LINE OPCODE TECH TYPE HOURS

 18 BIRO,LUBOS LIC#: 18  
 WK40

LIST NET TOTAL

(N/C)

FC:

PART#: 37110-H5000U

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

25160 0.50 FOUND DEAD BATTERY. CHARGED AND TESTED BATTERY- FAILED.

PERFORMED COMPLETE SYSTEM TEST AND ALL OTHER COMPONENTS PASSED.

REPLACED BATTERY. OP CODES 37110A00 0.30HRS AND 37110R00 0.20HRS

\*\*\*\*\*

 C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK  
 AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH,  
 INTERIOR VACUUM FRONT FLOOR

 CAUSE: COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK,  
 WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR

 MPI COMPLIMENTARY MULTI POINT INSPECTION, FREE  
 BATTERY HEALTH CHECK, WALK AROUND AND  
 COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR  
 WASH, INTERIOR VACUUM FRONT FLOOR

18 BIRO,LUBOS LIC#: 18

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

\*\*\*\*\*

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 Please contact Larry Donahue at 602.346.5447

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 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

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



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]  
Phone(s): Contact: [REDACTED]  
Vehicle: KNAFX4A65G [REDACTED]

Main: [REDACTED]  
2016 FORTE

[Click to View Cust Copy](#)  
Cell:  
SNOW WHIT-  
E\_PEAR

Mileage: 24,594  
Service advisor: 6  
Tag number: T4720

Payment type: CASH  
Promised time: 06:00 PM  
Promised date: 11/02/2017

Waiter: No  
Estimate: 0.00  
Customer Comments: No

~~~~~

A C/S A/C IS BLOWING WARM AT ALL TIMES, CHECK AND ADVISE.

97701R00	WK40	A/C COMPRESSOR ASSY	0.60	73.20
		R&R (**)(REFER TO		
		TSB)		
Tech(s): 18				
97701-A5100		1 COMPRESSOR ASSY		728.00
97690-34350		1 RING-O		0.67
97690-34330		1 O-RING		0.77
UM040-CH015W		1 WARR, REFRIG 2LBS		27.58
97762-A7610		1 HOSE-DISCHARGE		86.02
97762R00	WK40	A/C DISCHARGE HOSE	0.30	36.60
		R&R (**)		
Tech(s): 18				
09760A00	WK40	AIR CONDITIONING	0.50	61.00
		EVACUATE & CHARGE		
Tech(s): 18				
97701F01	WK40	A/C ECV OPERATION	0.20	24.40
		TEST BY USING GDS		
Tech(s): 18				
SUBL	WK40	ENTERPRISE RENTAL CAR		34.00
		INVOICE D199138-50K1		
		PO 18738		

Pts: 843.04 Lbr: 195.20 Other: 34.00 Total Line A: 1,072.24

Story: 24594 160 DIAGNOSIS FOUND LEAKING DISCHARGE HOSE AND COMPRESSOR WAS DEFECTIVE. LABOR OPS PERFORMED ARE AS FOLLOW:
97701F01 ECV OP TEST W/GDS 0.20HRS, 97701R00 R&R COMPRESSOR 0.60HRS, 97762R00 REPLACE DISCHARGE HOSE 0.30HRS AND 09760A00 EVACUATE AND CHARGE SYSTEM 0.50HRS. TOTAL HRS1.60HRS. VDN B28VAAZ045171102004I.

~~~~~

B C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT TOWARDS THE RIGHT SIDE WHILE THEY WERE AT A IDLE, CHECK AND ADVISE

|             |     |                       |      |      |
|-------------|-----|-----------------------|------|------|
| INFO        | ISE | SEE LINE A FOR REPAIR | 0.00 | 0.00 |
| Tech(s): 18 |     |                       |      |      |

Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line B: 0.00

Story: 24594 SMOKE WAS FROM COMPRESSOR ISSUE. CAR WAS RUNNING IN LIMP-IN MODE. FOUND EXHAUST CAM IN FULLY RETARDED POSITION W/KDS DATA STREAM SCAN. CHECKING THE CAMSHAFT POSITION SENSOR, FOUND THAT SOMEONE HAD UNPLUGGED THE SENSOR AND PUT IT BACK ON THE PLUG WITHOUT FULLY SEATING IT TO MAKE IT APPEAR TO BE PLUGGED IN. CLEAR CASE OF SABATOGE. PLUGGED IN SENSOR AND CLEARED CODES. VEHICLE NOW OPERATING AS DESIGNED

~~~~~

C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH C [REDACTED]

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact: [REDACTED]

Main: [REDACTED]

Cell: [REDACTED]

Vehicle: KNAFX4A65G55 [REDACTED]

2016 FORTE

SNOW WHITE-
E_PEAR

Mileage: 25,160

Payment type: CASH

Waiter: No

Service advisor: 6

Promised time: 05:00 PM

Estimate: 0.00

Tag number: T4796

Promised date: 11/11/2017

Customer Comments: No

~~~~~  
A C/S SMOKE WAS COMING OUT OF ENGINE COMPARTMENT, CUSTOMER STATES REFRIGERANT WAS LEAKING OUT.

|          |      |                              |      |       |
|----------|------|------------------------------|------|-------|
| 97602R00 | WK40 | A/C EXPANSION VALVE R&R (**) | 0.20 | 24.40 |
|----------|------|------------------------------|------|-------|

Tech(s): 18

97626-A7000

1 VALVE-EXPANSION

122.02

97690-34340

1 RING-O

0.69

97690-34310

1 RING-O

0.77

UM040-CH015W

1 WARR, REFRIG 2LBS

27.58

97690-34340

2 RING-O

1.38

|          |      |                                    |      |       |
|----------|------|------------------------------------|------|-------|
| 09760A00 | WK40 | AIR CONDITIONING EVACUATE & CHARGE | 0.50 | 61.00 |
|----------|------|------------------------------------|------|-------|

Tech(s): 18

Pts: 152.44 Lbr: 85.40 Other: 0.00 Total Line A: 237.84

Story: 25160 70 DIAGNOSED CUSTOMER CONCERN AND FOUND EXPANSION VALVE INTERMITTENTLY STICKING, CREATING HIGH PRESSURE AND BLOWING PRESSURE VALVE ON COMPRESSOR. REPLACED EXPANSION VALVE AND PERFORMED EVAC AND RECHARGE TO A/C SYSTEM. DROVE VEHICLE EXTENSIVELY AND A/C PERFORMED FLAWLESSLY AT THIS TIME. OPS 97602R00 0.20HRS AND 09760A00 0.50HRS

~~~~~  
B C/S VEHICLE DOES NOT START AT TIMES.

37110R00	WK40	BATTERY REPLACEMENT	0.20	24.40
----------	------	---------------------	------	-------

Tech(s): 18

37110-H5000U

1 BATTERY H5-61 YD

125.93

37110A00	WK40	BATTERY TEST & RECHARGE	0.30	36.60
----------	------	-------------------------	------	-------

Tech(s): 18

Pts: 125.93 Lbr: 61.00 Other: 0.00 Total Line B: 186.93

Story: 25160 50 FOUND DEAD BATTERY. CHARGED AND TESTED BATTERY-FAILED. PERFORMED COMPLETE SYSTEM TEST AND ALL OTHER COMPONENTS PASSED. REPLACED BATTERY. OP CODES 37110A00 0.30HRS AND 37110R00 0.20HRS

~~~~~  
C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH, INTERIOR VACUUM FRONT FLOOR

|     |     |                                                                                                                                   |      |      |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------|------|------|
| MPI | ISE | COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH, | 0.00 | 0.00 |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------|------|------|

# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact: [REDACTED]

Cell:

Vehicle: KNAFX4A65G5 [REDACTED]

Main [REDACTED]

2016 FORTE

SNOW\_WHITE-

E\_PEAR

Mileage: 24,594

Payment type: CASH

Waiter: No

Service advisor: 6

Promised time: 06:00 PM

Estimate: 0.00

Tag number: T4720

Promised date: 11/02/2017

Customer Comments: No

~~~~~  
WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH,
INTERIOR VACUUM FRONT FLOOR

MPI	ISE	COMPLIMENTARY MULTI	0.00	0.00
		POINT INSPECTION,		
		FREE BATTERY HEALTH		
		CHECK, WALK AROUND		
		AND COMPLIMENTARY		
		WASH WHICH INCLUDES		
		EXTERIOR WASH,		
		INTERIOR VACUUM FRONT		
		FLOOR		

Tech(s):	18					
Pts:	0.00	Lbr:	0.00	Other:	0.00	Total Line C: 0.00
Story:	24594	COMPLETED.				

~~~~~

|      |            |                       |      |      |  |
|------|------------|-----------------------|------|------|--|
| D**  | CAR RENTAL |                       |      |      |  |
| INFO | ISE        | SEE LINE A FOR RENTAL | 0.00 | 0.00 |  |
|      |            | CAR SUBLET            |      |      |  |

|          |      |      |      |        |      |                    |
|----------|------|------|------|--------|------|--------------------|
| Tech(s): | 18   |      |      |        |      |                    |
| Pts:     | 0.00 | Lbr: | 0.00 | Other: | 0.00 | Total Line D: 0.00 |

~~~~~

Customer Pay	
Labor	0.00
Parts	0.00
Lube	0.00
Sublet	0.00
Miscellaneous/Shop Charge	0.00
Deductible	0.00
Total Charges	0.00
Less Insurance/Adjustment	0.00
Sales Tax	0.00
Total	0.00

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]
Phone(s): Contact: [REDACTED]
Vehicle: KNAFX4A65G [REDACTED]Main: [REDACTED]
2016 FORTE[Click to View Cust Copy](#)
Cell: [REDACTED]
SNOW_WHITE-
E_PEARMileage: 25,080
Service advisor: 6
Tag number: T4765Payment type: CASH
Promised time: 06:00 PM
Promised date: 11/07/2017Waiter: Yes
Estimate: 0.00
Customer Comments: No~~~~~
A C/S VEHICLE KEEPS DYING, BATTERY WAS REPLACED IN 04/2017, CHECK CHARGING SYSTEM.

45900R00	WK40	SWITCH TRANS RANGE (INHIBITOR SWITCH) R&R	0.40	48.80
----------	------	---	------	-------

Tech(s): 17				
42700-26700		1 SWITCH-INHIBITOR		39.20
45900RQ0	WK40	GDS OPERATION - SWITCH TRANS RANGE (INHIBITOR)	0.30	36.60

Tech(s): 17				
Pts:	39.20	Lbr:	85.40	Other: 0.00
Total Line A:		124.60		

Story: 25080 NO START 70 CHECKED THE GDS 45900RQ0 FOR ISSUES IT WAS SHOWING THAT THE RANGE SWITCH WAS NOT SHOWING IN PARK 45900R00 REPLACED RANGE SWITCH (VDN #B28VAaz045171107008I)

~~~~~  
B\*\* C/S A/C IS BLOWING WARM AND SMOKE IS COMING OUT OF ENGINE COMPARTMENT.

|          |      |                                                  |      |       |
|----------|------|--------------------------------------------------|------|-------|
| 97701R00 | WK40 | A/C COMPRESSOR ASSY<br>R&R (**)(REFER TO<br>TSB) | 0.60 | 73.20 |
|----------|------|--------------------------------------------------|------|-------|

|              |  |                     |  |        |
|--------------|--|---------------------|--|--------|
| Tech(s): 17  |  |                     |  |        |
| 97701-A5100  |  | 1 COMPRESSOR ASSY   |  | 728.00 |
| 97762-A7610  |  | 1 HOSE-DISCHARGE    |  | 86.02  |
| UM040-CH015W |  | 1 WARR, REFRIG 2LBS |  | 27.58  |
| 97690-34330  |  | 1 O-RING            |  | 0.77   |

|          |      |                                |      |       |
|----------|------|--------------------------------|------|-------|
| 97762R00 | WK40 | A/C DISCHARGE HOSE<br>R&R (**) | 0.30 | 36.60 |
|----------|------|--------------------------------|------|-------|

|             |      |                                       |      |       |
|-------------|------|---------------------------------------|------|-------|
| Tech(s): 17 |      |                                       |      |       |
| 09760A00    | WK40 | AIR CONDITIONING<br>EVACUATE & CHARGE | 0.50 | 61.00 |

|             |      |                                                      |  |       |
|-------------|------|------------------------------------------------------|--|-------|
| Tech(s): 17 |      |                                                      |  |       |
| SUBL        | WK40 | ENTERPRISE RENTAL<br>INV [REDACTED]<br>PO [REDACTED] |  | 68.00 |

|               |        |          |        |              |
|---------------|--------|----------|--------|--------------|
| Pts:          | 842.37 | Lbr:     | 170.80 | Other: 68.00 |
| Total Line B: |        | 1,081.17 |        |              |

Story: 25080 a/c 140 A/C COMPRESSOR BLEW THREW THE CASE SEALS REPLACED A/C COMPRESSOR 97701R00 DISCHARGE HOSE WAS LEAKING FROM SIDE OF HOSE REPLACED DISCHARGE HOSE 97762R00 EVAC AND RECHARGED SYSTEM 09760A00

~~~~~  
C** PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND ADJUST TIRE PRESSURE.

S11	CQL	SEE LINE C	0.30	[REDACTED] 40.50
-----	-----	------------	------	------------------

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]
Phone(s): Contact: [REDACTED]
Vehicle: KNAFX4A65G [REDACTED]

Main: [REDACTED]
2016 FORTE

[Click to View Cust Copy](#)
Cell:
SNOW_WHITE-
E_PEAR

Mileage: 25,080
Service advisor: 6
Tag number: T4765

Payment type: CASH
Promised time: 06:00 PM
Promised date: 11/07/2017

Waiter: Yes
Estimate: 0.00
Customer Comments: No

~~~~~  
Tech(s): 17  
26300-35504 1 FILTER ASSY-ENGINE O 6.60  
K9956-41400 1 GASKET/PACKING 1.14  
BULK 5 MOTOR OIL 10.00  
FREELOF COMPLIMENTARY OIL -58.24  
CHANGE  
Pts: 17.74 Lbr: 40.50 Other: -58.24 Total Line C: 0.00  
Story: 25080 LOF 30 LOF

~~~~~  
D** CAR RENTAL
RENTAL ISE SEE LINE B 0.00 0.00
Tech(s): 17
Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line D: 0.00
~~~~~

Customer Pay  
Labor 40.50  
Parts 17.74  
Lube 0.00  
Sublet 0.00  
Miscellaneous/Shop Charge 0.00  
Deductible 0.00  
Total Charges 58.24  
Less Insurance/Adjustment 58.24  
Sales Tax 0.00  
Total 0.00



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact: [REDACTED]

Cell:

Vehicle: KNAFX4A65G [REDACTED]

Main: [REDACTED]  
2016 FORTE

SNOW\_WHITE-  
E\_PEAR

Mileage: 25,160

Payment type: CASH

Waiter: No

Service advisor: 6

Promised time: 05:00 PM

Estimate: 0.00

Tag number: T4796

Promised date: 11/11/2017

Customer Comments: No

~~~~~  
INTERIOR VACUUM FRONT
FLOOR

Tech(s): 18
Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line C: 0.00
~~~~~

|                           |      |
|---------------------------|------|
| Customer Pay              |      |
| Labor                     | 0.00 |
| Parts                     | 0.00 |
| Lube                      | 0.00 |
| Sublet                    | 0.00 |
| Miscellaneous/Shop Charge | 0.00 |
| Deductible                | 0.00 |
| Total Charges             | 0.00 |
| Less Insurance/Adjustment | 0.00 |
| Sales Tax                 | 0.00 |
| Total                     | 0.00 |

# Repair Order Detail - Internal Copy

RO Number [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

[Click to View Cust Copy](#)

Phone(s): Contact [REDACTED]

Main: [REDACTED]

Cell:

Vehicle: KNAFX4A65G [REDACTED]

2016 FORTE

SNOW\_WHITE-  
E\_PEAR

Mileage: 25,276

Payment type: CASH

Waiter: No

Service advisor: 6

Promised time: 06:00 PM

Estimate: 0.00

Tag number: T4472

Promised date: 11/20/2017

Customer Comments: No

A C/S A/C IS BLOWING WARM, C/S THEY SAW GREEN FLUID IN PARKING LOT OF HOME. C/S CAR SHAKES AT IDLE AND SMOKE COMES OUT OF ENGINE COMPARTMENT.

|          |      |                       |      |        |
|----------|------|-----------------------|------|--------|
| 97606R00 | WK40 | AC CONDENSER R&R (**) | 2.90 | 353.80 |
|----------|------|-----------------------|------|--------|

Tech(s): 51

97606-3X601

1 CONDENSER ASSY-COOL

413.00

|          |      |                  |      |        |
|----------|------|------------------|------|--------|
| 09760A00 | WK40 | AIR CONDITIONING | 1.50 | 183.00 |
|----------|------|------------------|------|--------|

EVACUATE &amp; CHARGE

Tech(s): 51

Pts: 413.00 Lbr: 536.80 Other: 0.00 Total Line A: 949.80

Story: 25276 290 Diag & flush 1.5hr 97606R00 09760A00 After involving tech line at managers request. Monitored system after charging. Removed bumper skin and found a larger dead spot in condenser by monitoring temperature with a laser temp gun. Removed desiccant bag and found it to be very dirty and swollen from moisture and debris. Also found the screen under the desiccant bag to have a large amount of debris in it. Pulled lines at compressor and found no sign of debris in compress. Suggesting replacing condenser, desiccant bag and flushing lines and evaporator. Tech line cleared all suggested work including system flush.

B\*\* C/S ENGINE SHAKES WHILE AT IDLE, CHECK MOTOR MOUNTS.

|          |      |                                 |      |       |
|----------|------|---------------------------------|------|-------|
| 39030R00 | WK40 | ENGINE MOUNT BRACKET (NO.3) R&R | 0.50 | 61.00 |
|----------|------|---------------------------------|------|-------|

Tech(s): 51

21810-3X000

1 BRACKET ASSY-ENGINE

113.23

21830-30300

1 BRACKET ASSY-TRANSAX

88.06

21950-3X000

1 BRKT ASSY-ROLL ROD

111.10

|          |      |                      |      |       |
|----------|------|----------------------|------|-------|
| 39090R00 | WK40 | BRACKET-TRANSMISSION | 0.70 | 85.40 |
|----------|------|----------------------|------|-------|

SUPPORT NO.4 R&amp;R

Tech(s): 51

|          |      |                       |      |       |
|----------|------|-----------------------|------|-------|
| 39040R00 | WK40 | ROLL ROD BRACKET ASSY | 0.30 | 36.60 |
|----------|------|-----------------------|------|-------|

REAR R&amp;R

Tech(s): 51

|        |      |            |      |        |
|--------|------|------------|------|--------|
| RENTAL | WRNT | CAR RENTAL | 0.00 | 228.00 |
|--------|------|------------|------|--------|

Tech(s): 51

Pts: 312.39 Lbr: 411.00 Other: 0.00 Total Line B: 723.39

Story: 25276 150 39030R00 39090R00 39040R00 Per Service manager replaced motor mount, trans mount and roll bar to address customers concern. Vehicle idle is much smother now.

Customer Pay [REDACTED]



# Repair Order Detail - Internal Copy

|                           |      |
|---------------------------|------|
| Labor                     | 0.00 |
| Parts                     | 0.00 |
| Lube                      | 0.00 |
| Sublet                    | 0.00 |
| Miscellaneous/Shop Charge | 0.00 |
| Deductible                | 0.00 |
| Total Charges             | 0.00 |
| Less Insurance/Adjustment | 0.00 |
| Sales Tax                 | 0.00 |
| Total                     | 0.00 |

CUSTOMER #

INVOICE



SCOTTSDALE, AZ

PAGE 1

 2121 E. Bell Rd. · Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardt Kia.com

 HOME  
 BUS:

 CONT  
 CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |  |               |            |                    |            |               |                  |           |       |
|---------------|--|---------------|------------|--------------------|------------|---------------|------------------|-----------|-------|
| COLOR         |  | YEAR          | MAKE/MODEL |                    | VIN        | LICENSE       | MILEAGE IN / OUT |           | TAG   |
| SNOW WHITE    |  | 16            | KIA FORTE  |                    | KNAFX4A650 |               | 25080/25080      |           | T4765 |
| DEL. DATE     |  | PROD. DATE    | WARR. EXP. | PROMISED           | PO NO.     | RATE          | PAYMENT          | INV. DATE |       |
| 06JUN16 DD    |  |               |            | WAIT 07NOV17       |            |               | CASH             | 14NOV17   |       |
| R.O. OPENED   |  | READY         |            | OPTIONS: SOLD-STK: |            | ENG:1.8_Liter |                  |           |       |
| 15:46 06NOV17 |  | 12:32 14NOV17 |            | TRN:Automatic      |            |               |                  |           |       |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
 A C/S VEHICLE KEEPS DYING, BATTERY WAS REPLACED IN 04/2017, CHECK CHARGING SYSTEM.

CAUSE: NO START

 45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)  
 R&R

 17 YOUNG, AARON LIC#: 17  
 WK40

 (N/C)  
 (N/C)

 1 42700-26700 SWITCH-INHIBITOR  
 45900RQ0 GDS OPERATION - SWITCH TRANS RANGE  
 (INHIBITOR)

 17 YOUNG, AARON LIC#: 17  
 WK40

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:



PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00  
 25080 NO START 0.70 CHECKED THE GDS 45900RQ0 FOR ISSUES IT WAS  
 SHOWING THAT THE RANGE SWITCH WAS NOT SHOWING IN PARK 45900R00 REPLACED  
 RANGE SWITCH ( VDN #B28VAaz045171107008I)

\*\*\*\*\*

B\*\* C/S A/C IS BLOWING WARM AND SMOKE IS COMING OUT OF ENGINE  
 COMPARTMENT.

CAUSE: BLOWS WARM

 97701R00 A/C COMPRESSOR ASSY R&R (\*\*) (REFER TO  
 TSB)

 17 YOUNG, AARON LIC#: 17  
 WK40

 (N/C)  
 (N/C)  
 (N/C)  
 (N/C)  
 (N/C)

 1 97701-A5100 COMPRESSOR ASSY  
 1 97762-A7610 HOSE-DISCHARGE  
 1 UM040-CH015W WARR, REFRIG 2LBS  
 1 97690-34330 O-RING

TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
 WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
 THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

 2121 E. Bell Rd. - Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardtkia.com

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN                | LICENSE | MILEAGE IN / OUT | TAG     |           |
|---------------|------------|---------------|--------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G         |         | 25080/25080      | T4765   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED           | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | WAIT 07NOV17       |         |                  | CASH    | 14NOV17   |
| R.O. OPENED   |            | READY         | OPTIONS: SOLD-STK: |         | ENG:1.8_Liter    |         |           |
| 15:46 06NOV17 |            | 12:32 14NOV17 | TRN:Automatic      |         |                  |         |           |

| LINE     | OPCODE                             | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|----------|------------------------------------|------|------|-------|------|-----|-------|
| 97762R00 | A/C DISCHARGE HOSE R&R (**)        |      |      |       |      |     |       |
| 17       | YOUNG, AARON LIC#: 17              |      |      |       |      |     |       |
|          | WK40                               |      |      |       |      |     | (N/C) |
| 09760A00 | AIR CONDITIONING EVACUATE & CHARGE |      |      |       |      |     |       |
| 17       | YOUNG, AARON LIC#: 17              |      |      |       |      |     |       |
|          | WK40                               |      |      |       |      |     | (N/C) |

FC:

PART#: 97701-A5100

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

 SUBL ENTERPRISE RENTAL INV: , PO#18778 PO#18778  
 WK40
(N/C)  
0.00
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:  
 25080 a/c 1.40 A/C COMPRESSOR BLEW THREW THE CASE SEALS REPLACED  
 A/C COMPRESSOR 97701R00 DISCHARGE HOSE WAS LEAKING FROM SIDE OF HOSE  
 REPLACED DISCHARGE HOSE 97762R00 EVAC AND RECHARGED SYSTEM 09760A00

 C\*\* PERFORM LUBE, OIL, AND FILTER CHANGE, TOP OFF ALL FLUIDS AND ADJUST  
 TIRE PRESSURE.

 CAUSE: COMPLETED LUBE, OIL AND FILTER, TOP OFF ALL FLUIDS ADJUST TIRE  
 PRESSURE.

S11 SEE LINE C

17 YOUNG, AARON LIC#: 17

CQL

1 26300-35504 FILTER ASSY-ENGINE O

|      |       |       |
|------|-------|-------|
|      | 40.50 | 40.50 |
| 6.60 | 6.60  | 6.60  |
| 1.14 | 1.14  | 1.14  |
| 2.00 | 2.00  | 10.00 |

1 K9956-41400 GASKET/PACKING

5 BULK MOTOR OIL

FREELOF COMPLIMENTARY OIL CHANGE

CQL

-58.24 -58.24

PARTS: 17.74 LABOR: 40.50 OTHER: -58.24 TOTAL LINE C:

0.00

25080 LOF 0.30 LOF

 TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

 BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
 WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
 THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

INVOICE



SCOTTSDALE, AZ [REDACTED]

PAGE 3

2121 E. Bell Rd. · Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardt Kia.com

HOME [REDACTED] CONT [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|             |            |                                             |                        |         |                  |         |
|-------------|------------|---------------------------------------------|------------------------|---------|------------------|---------|
| COLOR       | YEAR       | MAKE/MODEL                                  | VIN                    | LICENSE | MILEAGE IN / OUT | TAG     |
| SNOW WHITE  | 16         | KIA FORTE                                   | KNAFX4A65G5 [REDACTED] |         | 25080/25080      | T4765   |
| DEL. DATE   | PROD. DATE | WARR. EXP.                                  | PROMISED               | PO NO.  | RATE             | PAYMENT |
| 06JUN16 DD  |            |                                             | WAIT 07NOV17           |         |                  | CASH    |
| R.O. OPENED | READY      | OPTIONS: SOLD-STK: [REDACTED] ENG:1.8 Liter |                        |         |                  |         |
|             |            | TRN:Automatic                               |                        |         |                  |         |

15:46 06NOV17 12:32 14NOV17  
LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
D\*\* CAR RENTAL  
CAUSE: .

RENTAL SEE LINE B

17 YOUNG, AARON LIC#: 17

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00 (N/C)

\*\*\*\*\*

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447



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I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 40.50  |
| PARTS AMOUNT           | 17.74  |
| GAS, OIL, LUBE         | 0.00   |
| SUBLET AMOUNT          | 0.00   |
| MISC. CHARGES          | 0.00   |
| TOTAL CHARGES          | 58.24  |
| LESS INSURANCE         | 58.24  |
| SALES TAX              | 0.00   |
| PLEASE PAY THIS AMOUNT | 0.00   |



CUSTOMER #:

INVOICE



PAGE 2

 2121 E. Bell Rd. Phoenix, AZ 85022  
 (602) 346-5400  
 www.earnhardt Kia.com

SCOTTSDALE AZ

HOME

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |           |               |               |                    |         |                  |         |          |
|---------------|-----------|---------------|---------------|--------------------|---------|------------------|---------|----------|
| COLOR         | YEAR      | MAKE/MODEL    |               | VIN                | LICENSE | MILEAGE IN / OUT |         | TAG      |
| SNOW WHITE    | 16        | KIA FORTE     |               | KNAFX4A65G5        |         | 25160/25160      |         | T4796    |
| DEL DATE      | PROD DATE | WARR EXP      | PROMISED      |                    | PONO    | RATE             | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | 17:00 11NOV17 |                    |         |                  | CASH    | 15NOV17  |
| R.O. OPENED   |           | READY         |               | OPTIONS: SOLD-STK: |         | ENG:1.8 Liter    |         |          |
| 14:37 11NOV17 |           | 16:06 15NOV17 |               | TRN:Automatic      |         |                  |         |          |

|      |        |      |      |                         |      |     |       |
|------|--------|------|------|-------------------------|------|-----|-------|
| LINE | OPCODE | TECH | TYPE | HOURS                   | LIST | NET | TOTAL |
|      |        |      |      | 18 BIRO, LUBOS LIC#: 18 |      |     | (N/C) |
|      |        |      |      | WK40                    |      |     |       |

FC:

PART#: 37110-H5000U

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

25160 0.50 FOUND DEAD BATTERY. CHARGED AND TESTED BATTERY- FAILED.

PERFORMED COMPLETE SYSTEM TEST AND ALL OTHER COMPONENTS PASSED.

REPLACED BATTERY. OP CODES 37110A00 0.30HRS AND 37110R00 0.20HRS

\*\*\*\*\*

C COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH, INTERIOR VACUUM FRONT FLOOR

CAUSE: COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH, INTERIOR

MPI COMPLIMENTARY MULTI POINT INSPECTION, FREE BATTERY HEALTH CHECK, WALK AROUND AND COMPLIMENTARY WASH WHICH INCLUDES EXTERIOR WASH, INTERIOR VACUUM FRONT FLOOR

18 BIRO, LUBOS LIC#: 18

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00 (N/C)

\*\*\*\*\*

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CUSTOMER SIGNATURE

X

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



CUSTOMER #

INVOICE



SCOTTSDALE, AZ

PAGE 1

 2121 E. Bell Rd. - Phoenix, AZ 85022  
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 www.earnhardtkia.com

HOME

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN                              | LICENSE | MILEAGE IN / OUT | TAG     |          |
|---------------|-----------|---------------|----------------------------------|---------|------------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65                        |         | 25276/25276      | T4472   |          |
| DEL DATE      | PROD DATE | WARR EXP.     | PROMISED                         | PO NO.  | RATE             | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | 18:00 20NOV17                    |         |                  | CASH    | 25NOV17  |
| R.O. OPENED   |           | READY         | OPTIONS: SOLD-STK: ENG:1.8_Liter |         |                  |         |          |
| 17:03 18NOV17 |           | 10:55 25NOV17 | TRN:Automatic                    |         |                  |         |          |

|             |      |      |       |      |     |       |
|-------------|------|------|-------|------|-----|-------|
| LINE OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|-------------|------|------|-------|------|-----|-------|

A C/S A/C IS BLOWING WARM, C/S THEY SAW GREEN FLUID IN PARKING LOT OF HOME. C/S CAR SHAKES AT IDLE AND SMOKE COMES OUT OF ENGINE COMPARTMENT.

CAUSE: A/C CONDENSER FAILURE

97606R00 AC CONDENSER R&amp;R (\*\*)

51 REYNOLDS, CHARLES LIC#: 51

WK40

(N/C)

1 97606-3X601 CONDENSER ASSY-COOL

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

51 REYNOLDS, CHARLES LIC#: 51

WK40

(N/C)

FC:

PART#: 97606-3X601

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

|        |      |        |      |        |      |               |      |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

25276 2.90

Diag &amp; flush 1.5hr

97606R00

09760A00

After involving tech line at managers request. Monitored system after charging. Removed bumper skin and found a larger dead spot in condenser by monitoring temperature with a laser temp gun. Removed desiccant bag and found it to be very dirty and swollen from moisture and debris. Also found the screen under the desiccant bag to have a large amount of debris in it. Pulled lines at compressor and found no sign of debris in compress. Suggesting replacing condenser, desiccant bag and flushing lines and evaporator. Tech line cleared all suggested work including system flush.

\*\*\*\*\*

B\*\* C/S ENGINE SHAKES WHILE AT IDLE, CHECK MOTOR MOUNTS.

CAUSE: MOTOR MOUNT FAILED TRANS MOUNT FAILED ROLL BAR FAILED

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #: [REDACTED]

INVOICE



PAGE 2

2121 E. Bell Rd. Phoenix, AZ 85022  
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SCOTTSDALE, AZ

HOME: [REDACTED] CONT [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |               |                              |                       |               |                  |         |
|---------------|---------------|------------------------------|-----------------------|---------------|------------------|---------|
| COLOR         | YEAR          | MAKE/MODEL                   | VIN                   | LICENSE       | MILEAGE IN / OUT | TAG     |
| SNOW WHITE    | 16            | KIA FORTE                    | KNAFX4A65G [REDACTED] |               | 25276/25276      | T4472   |
| DEL DATE      | PROD DATE     | WARR EXP                     | PROMISED              | PO NO         | RATE             | PAYMENT |
| 06JUN16 DD    |               |                              | 18:00 20NOV17         |               |                  | CASH    |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK [REDACTED] |                       | ENG:1.8 Liter |                  |         |
| 17:03 18NOV17 | 10:55 25NOV17 | TRN:Automatic                |                       | 25NOV17       |                  |         |

| LINE              | OPCODE      | TECH | TYPE                                  | HOURS | LIST | NET | TOTAL |
|-------------------|-------------|------|---------------------------------------|-------|------|-----|-------|
| 39030R00          |             |      | ENGINE MOUNT BRACKET (NO.3) R&R       |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WK40                                  |       |      |     | (N/C) |
| 1                 | 21810-3X000 |      | BRACKET ASSY-ENGINE                   |       |      |     | (N/C) |
| 1                 | 21830-30300 |      | BRACKET ASSY-TRANSAX                  |       |      |     | (N/C) |
| 1                 | 21950-3X000 |      | BRKT ASSY-ROLL ROD                    |       |      |     | (N/C) |
| 39090R00          |             |      | BRACKET-TRANSMISSION SUPPORT NO.4 R&R |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WK40                                  |       |      |     | (N/C) |
| 39040R00          |             |      | ROLL ROD BRACKET ASSY REAR R&R        |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WK40                                  |       |      |     | (N/C) |
| RENTAL CAR RENTAL |             |      |                                       |       |      |     |       |
|                   |             |      | 51 REYNOLDS,CHARLES LIC#: 51          |       |      |     |       |
|                   |             |      | WRNT                                  |       |      |     | (N/C) |

FC:  
PART#: 21810-3X000  
COUNT: 3  
CLAIM TYPE: W  
AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

25276 1.50  
39030R00  
39090R00  
39040R00

Per Service manager replaced motor mount, trans mount and roll bar to address customers concern. Vehicle idle is much smother now.

\*\*\*\*\*

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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

INVOICE



SCOTTSDALE, AZ [REDACTED]

PAGE 3

2121 E. Bell Rd. Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.com

HOME [REDACTED]

CONT: [REDACTED]

BUS: [REDACTED]

CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL                                 | VIN                    | LICENSE       | MILEAGE IN / OUT | TAG     |          |
|---------------|-----------|--------------------------------------------|------------------------|---------------|------------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE                                  | KNAFX4A65G5 [REDACTED] |               | 25276/25276      | T4472   |          |
| DEL DATE      | PROD DATE | WARR EXP                                   | PROMISED               | PO NO         | RATE             | PAYMENT | INV DATE |
| 06JUN16 DD    |           |                                            | 18:00 20NOV17          |               |                  | CASH    | 25NOV17  |
| RO OPENED     | READY     | OPTIONS: SOLD-STK [REDACTED] ENG:1.8 Liter |                        |               |                  |         |          |
| 17:03 18NOV17 |           | 10:55 25NOV17                              |                        | TRN:Automatic |                  |         |          |
| LINE          | OPCODE    | TECH                                       | TYPE                   | HOURS         | LIST             | NET     | TOTAL    |

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CUSTOMER SIGNATURE

X \_\_\_\_\_

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



CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ

PAGE 1

2121 E. Bell Rd. - Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.com

HOME [REDACTED] CONT [REDACTED]

BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN               | LICENSE | MILEAGE IN / OUT | TAG     |           |
|---------------|------------|---------------|-------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G1       |         | 25416/25416      | T4653   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED          | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | 17:00 30NOV17     |         |                  | CASH    | 06DEC17   |
| R.O. OPENED   |            | READY         | OPTIONS: SOLD-STK |         | ENG:1.8_Liter    |         |           |
| 16:57 30NOV17 |            | 11:36 06DEC17 | TRN:Automatic     |         |                  |         |           |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A C/S VEHICLE STARTED THIS MORNING BEFORE GOING TO WORK, AFTER BEING AT WORK FOR A WHILE CUSTOMER HAD TO GET VEHICLE JUMP STARTED.

CUSTOMER MADE SURE ALL ACCESORIES WERE OFF

CAUSE: INHIBITOR SWITCH FAILED

45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)

R&amp;R

13 ROSENECKER, MITCHELL LIC#: 13

WK40

1 42700-26700 SWITCH-INHIBITOR

(N/C)

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INVOICE [REDACTED] PO 19010 PO#19010

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

(N/C)

0.00

25416 VEHICLE HAS HARD TIME STARTING AFTER BEING DRIVEN AND SITTING FOR AWHILE 0.40 FOUND INHIBITOR SWITCH TO BE UNRESPONSIVE AFTER VEHICLE HAS BEEN WAARMED UP, REPLACED INIHIBITOR SWITCH AND VERIFIED STARTING OPERATION WITH GR8 SYSTEM TESTR 45900R00 .40

\*\*\*\*\*

B BATTERY HAS BEEN REPLACED TWICE WITHING 6 MONTHS, CUSTOMER STATES THERE IS SOMETHING DECHARGING BATTERY.

INFO SEE LINE A

13 ROSENECKER, MITCHELL LIC#: 13

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

(N/C)

0.00

25416 battery battery

\*\*\*\*\*

C CAR RENTAL

CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

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X \_\_\_\_\_

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

## INVOICE



SCOTTSDALE, AZ [REDACTED]

PAGE 2

2121 E. Bell Rd. Phoenix, AZ 85022  
(602) 346-5400  
www.earnhardtkia.com

HOME: [REDACTED] CONT: [REDACTED]

BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN                           | LICENSE       | MILEAGE IN / OUT | TAG     |           |
|---------------|------------|---------------|-------------------------------|---------------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G [REDACTED]         |               | 25416/25416      | T4653   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED                      | PO NO.        | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | 17:00 30NOV17                 |               |                  | CASH    | 06DEC17   |
| R.O. OPENED   |            | READY         | OPTIONS: SOLD-STK: [REDACTED] |               | ENG:1.8_Liter    |         |           |
| 16:57 30NOV17 |            | 11:36 06DEC17 |                               | TRN:Automatic |                  |         |           |

| LINE         | OPCODE | TECH   | TYPE | HOURS                            | LIST | NET           | TOTAL |
|--------------|--------|--------|------|----------------------------------|------|---------------|-------|
|              |        |        |      | 13 ROSENECKER, MITCHELL LIC#: 13 |      |               |       |
|              |        |        |      | ISE                              |      |               | (N/C) |
| PARTS:       | 0.00   | LABOR: | 0.00 | OTHER:                           | 0.00 | TOTAL LINE C: | 0.00  |
| 25416 rental | rental |        |      |                                  |      |               |       |

\*\*\*\*\*

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I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X \_\_\_\_\_

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



CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 1

 2121 E. Bell Rd. - Phoenix, AZ 85022  
 (602) 346-6400  
 www.earnhardt Kia.com
HOME  
BUS:CONT:  
CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

|               |            |               |                                  |                                |                |         |
|---------------|------------|---------------|----------------------------------|--------------------------------|----------------|---------|
| BUS:          |            | CELL:         |                                  | SERVICE ADVISOR: 6 ARLEN BELVA |                |         |
| COLOR         | YEAR       | MAKE/MODEL    | VIN                              | LICENSE                        | MILEAGE IN/OUT | TAG     |
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G55                     |                                | 25416/25416    | T4653   |
| DEL DATE      | PROD. DATE | WARR. EXP     | PROMISED                         | PO NO.                         | RATE           | PAYMENT |
| 06JUN16 DD    |            |               | 17:00 30NOV17                    |                                |                | CASH    |
| R.O. OPENED   |            | READY         | OPTIONS: SOLD-STK: ENG:1.8_Liter |                                |                |         |
| 16:57 30NOV17 |            | TRN:Automatic |                                  |                                |                |         |
| 11:36 06DEC17 |            |               |                                  |                                |                |         |

|      |        |      |      |       |      |     |       |
|------|--------|------|------|-------|------|-----|-------|
| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|

A C/S VEHICLE STARTED THIS MORNING BEFORE GOING TO WORK, AFTER BEING AT  
 WORK FOR A WHILE CUSTOMER HAD TO GET VEHICLE JUMP STARTED.

CUSTOMER MADE SURE ALL ACCESORIES WERE OFF

CAUSE: INHIBITOR SWITCH FAILED

45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)

R&amp;R

13 ROSENECKER, MITCHELL LIC#: 13

WK40

1 42700-26700 SWITCH-INHIBITOR

(N/C)  
(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INVOICE PO 19010 PO#19010

WK40

(N/C)  
0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

25416 VEHICLE HAS HARD TIME STARTING AFTER BEING DRIVEN AND SITTING  
 FOR AWHILE 0.40 FOUND INHIBITOR SWITCH TO BE UNRESPONSIVE AFTER VEHICLE  
 HAS BEEN WAARMED UP, REPLACED INHIBITOR SWITCH AND VERIFIED STARTING  
 OPERATION WITH GR8 SYSTEM TESTR 45900R00 .40

\*\*\*\*\*

B BATTERY HAS BEEN REPLACED TWICE WITHING 6 MONTHS, CUSTOMER STATES  
 THERE IS SOMETHING DECHARGING BATTERY.

INFO SEE LINE A

13 ROSENECKER, MITCHELL LIC#: 13

ISE

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

(N/C)  
0.00

25416 battery battery

\*\*\*\*\*

C CAR RENTAL

CAUSE:

INFO SEE LINE A FOR RENTAL CAR SUBLET

TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE  
 WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT  
 THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE  
 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |



CUSTOMER #:

INVOICE



SCOTTSDALE, AZ

PAGE 2

2121 E. Bell Rd. - Phoenix, AZ 85022  
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HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR          | MAKE/MODEL                       | VIN           | LICENSE | MILEAGE IN | OUT     | TAG      |
|---------------|---------------|----------------------------------|---------------|---------|------------|---------|----------|
| SNOW WHITE    | 16            | KIA FORTE                        | KNAFX4A65G5   |         | 25416      | 25416   | T4653    |
| DEL DATE      | PROD DATE     | WARR EXP                         | PROMISED      | PONO    | RATE       | PAYMENT | INV DATE |
| 06JUN16 DD    |               |                                  | 17:00 30NOV17 |         |            | CASH    | 06DEC17  |
| R.O. OPENED   | READY         | OPTIONS: SOLD-STK: ENG:1.8 Liter |               |         |            |         |          |
| 16:57 30NOV17 | 11:36 06DEC17 | TRN:Automatic                    |               |         |            |         |          |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

13 ROSENECKER, MITCHELL LIC#: 13

ISE (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

25416 rental rental

\*\*\*\*\*

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447



## TERMS OF SALE:

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CUSTOMER SIGNATURE

X

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



CUSTOMER #:

INVOICE



PAGE 1

 2121 E. Bell Rd. Phoenix, AZ 85022  
 (602) 346-5400  
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SCOTTSDALE, AZ

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN           | LICENSE                         | MILEAGE IN/OUT | TAG     |           |
|---------------|------------|---------------|---------------|---------------------------------|----------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G5   |                                 | 26487/26487    | T4242   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED      | PO NO.                          | RATE           | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | 17:00 12JAN18 |                                 |                | CASH    | 17JAN18   |
| R.O. OPENED   |            | READY         |               | OPTIONS: SOLD-STK ENG:1.8_Liter |                |         |           |
| 15:56 09JAN18 |            | 14:55 17JAN18 |               | TRN:Automatic                   |                |         |           |

|             |      |      |       |      |     |       |
|-------------|------|------|-------|------|-----|-------|
| LINE OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|-------------|------|------|-------|------|-----|-------|

A C/S A/C IS BLOWING WARM, CHECK AND ADVISE. AIR IS WARM AT ALL TIMES

CAUSE: COOLING FAN ASSEMBLY FAILURE

25380R00 RADIATOR COOLING FAN ASSY R&amp;R

51 REYNOLDS, CHARLES LIC#: 51

WK40

(N/C)

1 25380-3X500 BLOWER ASSY

(N/C)

09760A00 AIR CONDITIONING EVACUATE &amp; CHARGE

51 REYNOLDS, CHARLES LIC#: 51

WK40

(N/C)

FC:

PART#: 25380-3X500

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL CAR INVOICE

PO

PO#

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

0.00

26487 0.90

25380R00

09760A00

Found A/C system to have a low charge. Found evidence that the compressor is venting off excessive pressure. Charged system and ran a/c. A/C worked as it should. Cooling fans never switched to high speed. Performed actuation tests and found that fans high speed was inop. Replace cooling fans and resistor. Vehicle is now working as designed

\*\*\*\*\*

B C/S THE VEHICLE WILL START AT TIMES, CHECK AND ADVISE

CAUSE:

NPF NO SUBSTANDARD CONDITIONS FOUND AT THIS TIME

51 REYNOLDS, CHARLES LIC#: 51

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

0.00

 TERMS OF SALE:  
 DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
 SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

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 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
 WILL BE PAID BY BUYER.

 I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
 MANUFACTURER'S WARRANTY

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #:

## INVOICE



SCOTTSDALE, AZ

PAGE 2

 2121 E. Bell Rd. Phoenix, AZ 85022  
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HOME: 480-789-9798 CONT:

BUS: 602-866-6930 CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN                              | LICENSE | MILEAGE IN / OUT | TAG     |           |
|---------------|------------|---------------|----------------------------------|---------|------------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65                        |         | 26487/26487      | T4242   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED                         | PONO.   | RATE             | PAYMENT | INV. DATE |
| 06JUN16 DL    |            |               | 17:00 12JAN18                    |         |                  | CASH    | 17JAN18   |
| R.O. OPENED   |            | READY         | OPTIONS: SOLD-STK: ENG:1.8 Liter |         |                  |         |           |
| 15:56 09JAN18 |            | 14:55 17JAN18 | TRN:Automatic                    |         |                  |         |           |

C CAR RENTAL

CAUSE:

INFO SEE LINE A FOR RENTAL CAR SUBLET

99 ISE

PARTS:

0.00 LABOR:

0.00 OTHER:

0.00 TOTAL LINE C:

(N/C)

0.00

\*\*\*\*\*

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CUSTOMER SIGNATURE

X

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



CUSTOMER #:

INVOICE



SCOTTSDALE, AZ

PAGE 1

 2121 E. Bell Rd. - Phoenix, AZ 85022  
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HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COXOR         | YEAR      | MAKE/MODEL    | VIN               | LICENSE | MILEAGE IN/OUT | TAG     |          |
|---------------|-----------|---------------|-------------------|---------|----------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G55      |         | 26514/26514    | T4914   |          |
| DEL DATE      | PROD DATE | WARR EXP.     | PROMISED          | PO NO.  | RATE           | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | 17:00 24JAN18     |         |                | CASH    | 27JAN18  |
| R/O OPENED    |           | READY         | OPTIONS: SOLD-STK |         | ENG:1.8 Liter  |         |          |
| 16:19 17JAN18 |           | 15:22 27JAN18 | TRN:Automatic     |         |                |         |          |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
 A C/S VEHICLE WILL NOT START AT TIMES, SOMETIMES IT WILL START. CHECK  
 AND ADVISE

CAUSE: BATTERY FAILED BATTERY CABLE FAILED BATT CODE KUW6J6F66QWT

37110R00 BATTERY REPLACEMENT

 51 REYNOLDS, CHARLES LIC#: 51  
 WK40

1 37110-H5000U BATTERY H5-61 YD

1 91850-A7570 WIRING ASSY-BATTERY

37110A00 BATTERY TEST &amp; RECHARGE

 51 REYNOLDS, CHARLES LIC#: 51  
 WK40

37210R1N BATTERY CABLE ASSY (NO ENGINE) R&amp;R

 51 REYNOLDS, CHARLES LIC#: 51  
 WK40

FC:

PART#: 37110-H5000U

COUNT: 2

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL CAR INVOICE

PO

PO

WK40

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00 (N/C)

26514 1.10

37110A00

37110R00

37210R1N

Found battery to be dead, removed battery and charged on 10A charge. Let the battery sit over night and tested. Battery failed GR8 test. Found positive battery clamp to be loose, tried to get it to tighten. Battery can not be properly charged with loose terminal. Pos battery cable and clamp needs to be replaced. Checked for parasitic draw, none found. Replaced pos battery cable and battery.

\*\*\*\*\*

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 SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
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CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #: [REDACTED]

INVOICE



SCOTTSDALE, AZ [REDACTED]

PAGE 2

2121 E. Bell Rd. Phoenix, AZ 85022  
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HOME [REDACTED]  
BUS: [REDACTED]

CONT [REDACTED]  
CELL: [REDACTED]

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR       | MAKE/MODEL    | VIN           | LICENSE                         | MILEAGE IN/OUT | TAG     |           |
|---------------|------------|---------------|---------------|---------------------------------|----------------|---------|-----------|
| SNOW WHITE    | 16         | KIA FORTE     | KNAFX4A65G    |                                 | 26514/26514    | T4914   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.    | PROMISED      | PO NO.                          | RATE           | PAYMENT | INV. DATE |
| 06JUN16 DD    |            |               | 17:00 24JAN18 |                                 |                | CASH    | 27JAN18   |
| R.O. OPENED   |            | READY         |               | OPTIONS: SOLD-STK ENG:1.8_Liter |                |         |           |
| 16:19 17JAN18 |            | 15:22 27JAN18 |               | TRN:Automatic                   |                |         |           |

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

B\*\* CAR RENTAL

CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

99 ISE (N/C)  
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

\*\*\*\*\*

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CUSTOMER SIGNATURE

X \_\_\_\_\_

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



CUSTOMER #:

INVOICE



SCOTTSDALE, AZ

PAGE 1

2121 E. Bell Rd. Phoenix, AZ 85022

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HOME

CONT

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR         | YEAR      | MAKE/MODEL    | VIN               | LICENSE | MILEAGE IN/OUT | TAG     |          |
|---------------|-----------|---------------|-------------------|---------|----------------|---------|----------|
| SNOW WHITE    | 16        | KIA FORTE     | KNAFX4A65G        |         | 25416/25416    | T4653   |          |
| DEL DATE      | PROD DATE | WARR. EXP.    | PROMISED          | PO NO.  | RATE           | PAYMENT | INV DATE |
| 06JUN16 DD    |           |               | 17:00 30NOV17     |         |                | CASH    | 06DEC17  |
| R.O. OPENED   |           | READY         | OPTIONS: SOLD-STK |         | ENG:1.8 Liter  |         |          |
| 16:57 30NOV17 |           | 11:36 06DEC17 | TRN:Automatic     |         |                |         |          |

|             |           |       |      |     |       |
|-------------|-----------|-------|------|-----|-------|
| LINE OPCODE | TECH TYPE | HOURS | LIST | NET | TOTAL |
|-------------|-----------|-------|------|-----|-------|

A C/S VEHICLE STARTED THIS MORNING BEFORE GOING TO WORK, AFTER BEING AT

WORK FOR A WHILE CUSTOMER HAD TO GET VEHICLE JUMP STARTED.

CUSTOMER MADE SURE ALL ACCESORIES WERE OFF

CAUSE: INHIBITOR SWITCH FAILED

45900R00 SWITCH TRANS RANGE (INHIBITOR SWITCH)

R&amp;R

13 ROSENECKER, MITCHELL LIC#: 13

WK40

1 42700-26700 SWITCH-INHIBITOR

(N/C)

(N/C)

FC:

PART#: 42700-26700

COUNT: 1

CLAIM TYPE: W

AUTH CODE:

SUBL ENTERPRISE RENTAL INVOICE PO#19010 PO#19010

WK40

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

25416 VEHICLE HAS HARD TIME STARTING AFTER BEING DRIVEN AND SITTING FOR AWHILE 0.40 FOUND INHIBITOR SWITCH TO BE UNRESPONSIVE AFTER VEHICLE HAS BEEN WAARMED UP, REPLACED INIHIBITOR SWITCH AND VERIFIED STARTING OPERATION WITH GR8 SYSTEM TESTR 45900R00 .40

\*\*\*\*\*

B BATTERY HAS BEEN REPLACED TWICE WITHING 6 MONTHS, CUSTOMER STATES

THERE IS SOMETHING DECHARGING BATTERY.

INFO SEE LINE A

13 ROSENECKER, MITCHELL LIC#: 13

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

25416 battery battery

\*\*\*\*\*

C CAR RENTAL

CAUSE: .

INFO SEE LINE A FOR RENTAL CAR SUBLET

TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF  
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SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT  
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I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY  
MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES          |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

CUSTOMER #:

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SCOTTSDALE, AZ

PAGE 2

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 6 ARIEL LEYVA

| COLOR       | YEAR       | MAKE/MODEL | VIN               | LICENSE | MILEAGE IN/OUT | TAG     |           |
|-------------|------------|------------|-------------------|---------|----------------|---------|-----------|
| SNOW WHITE  | 16         | KIA FORTE  | KNAFX4A65G        |         | 25416/25416    | T4653   |           |
| DEL. DATE   | PROD. DATE | WARR. EXP. | PROMISED          | PO NO.  | RATE           | PAYMENT | INV. DATE |
| 06JUN16 DD  |            |            | 17:00 30NOV17     |         |                | CASH    | 06DEC17   |
| R.O. OPENED |            | READY      | OPTIONS: SOLD-STK |         | ENG:1.8        | Liter   |           |
|             |            |            | TRN:Automatic     |         |                |         |           |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL  
13 ROSENECKER, MITCHELL LIC#: 13

ISE

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00  
25416 rental rental

\*\*\*\*\*

We at Earnhardt Kia Thank you for your business and appreciate you as a customer. You may receive a satisfaction survey from Kia, if for any reason you can not rate us with a "10" response and "yes" response Please contact Larry Donahue at 602.346.5447



TERMS OF SALE:  
DETAILS AND LIMITATIONS OF WARRANTIES, DISCLAIMER OF WARRANTIES AND EXPLANATIONS OF SUPPLY CHARGES ARE ON THE REVERSE SIDE HEREOF.

BUYER AND SELLER MUTUALLY AGREE THAT ANY DISPUTE ARISING AS A RESULT OF THIS SALE WILL BE ARBITRATED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION AND THAT THE DECISION MADE WILL BE FINAL. IT IS FURTHER AGREED THAT IN THE EVENT THIS IS A CHARGE SALE OR A SALE PAID BY CHECK THAT ANY COSTS INCURRED BY SELLER TO SECURE PAYMENT WILL BE PAID BY BUYER.

I AGREE FURTHER THAT I AM RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MANUFACTURER'S WARRANTY.

CUSTOMER SIGNATURE

X

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



WKRO90A K0058383A1

CROWELL

VIN : KNAFX4A65G5

First Name:

Last Name :

Mileage Entered . . . . :

Production Date . . . . : 11/03/2015

Wholesale Date . . . . : 05/13/2016

Retail Date . . . . . : 06/06/2016

Warranty Start Date : 06/06/2016

Branded Title . . . . . : N/A

KIA MOTORS AMERICA

Warranty Coverage

Year . . : 2016

Model . : YD Forte (YD)

Engine : G4NBFH190533 1.8 LITER ENGINE

Retail Mileage : 30

Sales Type : KAPR KIA APR SUBVENTION

Key Code . . : D1984 Sirius: EXPIRED

Selling Dealer: AZ045

Earnhardt Kia

2/19/2018

14:22:02

PDI Performed: Y (Y/N) Y/N Start Expiration Mileage

Basic Warranty Coverage : Y 06/06/2016 06/06/2021 60,000

Powertrain Coverage : Y 06/06/2016 06/06/2021 60,000

Extended Service Plan :

SRV/MNT: Y Contract No: Open Campaigns .: N (Y/N)

CPO: N Contract No: Owner Transfers : N (Y/N)

Repairs in Last 60 Days: Y AZ045 00912 A

F3=Exit F4=Claim Inq F5=Vehicle Options F6=Campaign F7=Other Coverage

F8=Cust Hist F9=1st Owner F11=Branded Title

F13=Contract F14=Print F15=Sirius

MESSAGE:

2/19/18

14:22:08

wsd079

VIN No : KNAFX4A650

War nty Service Department

WARRANTY HISTORY INQUIRY

CROWELLC

KIAPROD

In Service Date:

6/06/16

Model . . C3422

Series . . FORTE

| Repair<br>Date | W Dlr<br>T No. | Repair<br>Order# | Ver  | Repair Labor Code     | Causal Part         | Mileage |
|----------------|----------------|------------------|------|-----------------------|---------------------|---------|
| 2/07/18        | W AZ045        |                  | A 01 | A/C Suction Pipe, R&  | TUBE ASSY-SUCTION & | 27098   |
| 2/07/18        | W AZ045        |                  | N 01 |                       | TUBE ASSY-SUCTION & | 27098   |
| 1/17/18        | S AZ045        |                  | A 04 | Battery Replacement   | BATTERY H5-61 YD    | 26514   |
| 1/17/18        | W AZ045        |                  | C 01 | Battery Cable Assy (  | WIRING ASSY-BATTERY | 26514   |
| 1/09/18        | W AZ045        |                  | A 01 | Radiator Cooling Fan  | BLOWER ASSY         | 26487   |
| 1/09/18        | W AZ045        |                  | N 01 |                       | BLOWER ASSY         | 26487   |
| 11/30/17       | W AZ045        |                  | A 01 | Switch, Trans Range   | SWITCH-INHIBITOR    | 25416   |
| 11/30/17       | W AZ045        |                  | N 01 |                       | SWITCH-INHIBITOR    | 25416   |
| 11/18/17       | O AZ045        |                  | O 01 | Emergency Order Reim  |                     | 25276   |
| 11/18/17       | O AZ045        |                  | O 01 | Emergency Order Reim  |                     | 25276   |
| 11/18/17       | W AZ045        |                  | A 01 | AC Condenser, R&R (*) | CONDENSER ASSY-COOL | 25276   |
| 11/18/17       | W AZ045        |                  | B 01 | Roll Rod Bracket Ass  | BRACKET ASSY-ENGINE | 25276   |

More...

I=Inquiry

F3=Exit

F11=Summary/Detail



WKR090 K0058383A1  
WKR116 CROWELLC

KIA MOTORS AMERICA  
Campaign List by VIN

2/19/2018  
14:22:32

Vehicle I.D : KNAFX4A65G5 

| 'C' Issue<br>'D' Number | D e s c r i p t i o n        | Dealer<br>Code | Repair<br>Date | Dealer<br>Type |
|-------------------------|------------------------------|----------------|----------------|----------------|
| PUP723                  | PUP723 YD ENGINE START DELAY | 80114          | 4/19/2016      |                |

C=Close    D=Remove    F3=Exit

Bottom



PE19-004

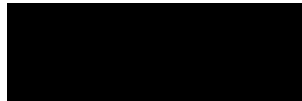
KIA

6/28/2019

DEFECT B

CA FILES

FORTE





|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|-------------------|--|------------------------------------------------------------------------------------------------------------|--|-------------------|
| <b>A</b>                                                                                                                                                                                                                                               |  | MM DD YYYY                                                                                                                                                      |  | 19                                                                                                                 |  | 000               |  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> No Activity |  | NFIRS -1<br>Basic |
|                                                                                                                                                                                                                                                        |  | Incident Date                                                                                                                                                   |  | Station                                                                                                            |  | Incident Number   |  | Exposure                                                                                                   |  |                   |
| <b>B Location*</b>                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Check this box to Indicate that the address for this incident is provided on the Wildland Fire Census Tract 819 - <input type="text"/> |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Module In Section B "Alternative Location Specification". Use only for Wildland fires.                                                                          |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <input type="checkbox"/> Street address<br><input type="checkbox"/> Intersection<br><input type="checkbox"/> In front of<br><input type="checkbox"/> Rear of<br><input type="checkbox"/> Adjacent to<br><input checked="" type="checkbox"/> Directions |  | Number/Milepost                                                                                                                                                 |  | Prefix                                                                                                             |  | Street or Highway |  | Street Type                                                                                                |  | Suffix            |
|                                                                                                                                                                                                                                                        |  | Apt./Suite/Room                                                                                                                                                 |  | City                                                                                                               |  | State             |  | Zip Code                                                                                                   |  |                   |
|                                                                                                                                                                                                                                                        |  | Interstate 20 Eastbound about 3/4 mile east of the on ramp from Fulton Industrial Boulevard                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>C Incident Type *</b>                                                                                                                                                                                                                               |  | 131                                                                                                                                                             |  | Passenger vehicle fire                                                                                             |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Incident Type                                                                                                                                                   |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>D Aid Given or Received*</b>                                                                                                                                                                                                                        |  | 1                                                                                                                                                               |  | <input type="checkbox"/> Mutual aid received                                                                       |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 2                                                                                                                                                               |  | <input type="checkbox"/> Automatic aid rcv.                                                                        |  |                   |  |                                                                                                            |  |                   |
| 3                                                                                                                                                                                                                                                      |  | 4                                                                                                                                                               |  | <input type="checkbox"/> Mutual aid given                                                                          |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 5                                                                                                                                                               |  | <input type="checkbox"/> Automatic aid given                                                                       |  |                   |  |                                                                                                            |  |                   |
| N                                                                                                                                                                                                                                                      |  | X                                                                                                                                                               |  | <input checked="" type="checkbox"/> None                                                                           |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>F Actions Taken *</b>                                                                                                                                                                                                                               |  | 11                                                                                                                                                              |  | Extinguishment by fire service personnel                                                                           |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Primary Action Taken (1)                                                                                                                                        |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| 86                                                                                                                                                                                                                                                     |  | Investigate                                                                                                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Additional Action Taken (2)                                                                                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Additional Action Taken (3)                                                                                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>E1 Date &amp; Times</b>                                                                                                                                                                                                                             |  | Midnight is 0000                                                                                                                                                |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Check boxes if dates are the same as Alarm Date.                                                                                                                |  | ALARM always required                                                                                              |  |                   |  |                                                                                                            |  |                   |
| Alarm *                                                                                                                                                                                                                                                |  | 08                                                                                                                                                              |  | 13                                                                                                                 |  | 2018              |  | 08:20:00                                                                                                   |  |                   |
|                                                                                                                                                                                                                                                        |  | Arrival *                                                                                                                                                       |  | 08                                                                                                                 |  | 13                |  | 2018                                                                                                       |  | 08:27:00          |
| Controlled                                                                                                                                                                                                                                             |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | LAST UNIT CLEARED, required except for wildland fires                                                                                                           |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| Last Unit                                                                                                                                                                                                                                              |  | 08                                                                                                                                                              |  | 13                                                                                                                 |  | 2018              |  | 09:01:00                                                                                                   |  |                   |
|                                                                                                                                                                                                                                                        |  | Cleared                                                                                                                                                         |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>G1 Resources *</b>                                                                                                                                                                                                                                  |  | X                                                                                                                                                               |  | Check this box and skip this section if an Apparatus or Personnel form is used.                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Apparatus                                                                                                                                                       |  | Personnel                                                                                                          |  |                   |  |                                                                                                            |  |                   |
| Suppression                                                                                                                                                                                                                                            |  | 0003                                                                                                                                                            |  | 0011                                                                                                               |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | EMS                                                                                                                                                             |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| Other                                                                                                                                                                                                                                                  |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Check box if resource counts include aid received resources.                                                                                                    |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>G2 Estimated Dollar Losses &amp; Values</b>                                                                                                                                                                                                         |  | LOSSES: Required for all fires if known. Optional for non fires.                                                                                                |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Property \$                                                                                                                                                     |  | 020                                                                                                                |  | 000               |  |                                                                                                            |  |                   |
| Contents \$                                                                                                                                                                                                                                            |  | 005                                                                                                                                                             |  | 000                                                                                                                |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | PRE-INCIDENT VALUE: Optional                                                                                                                                    |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| Property \$                                                                                                                                                                                                                                            |  | 020                                                                                                                                                             |  | 000                                                                                                                |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Contents \$                                                                                                                                                     |  | 005                                                                                                                |  | 000               |  |                                                                                                            |  |                   |
| <b>Completed Modules</b>                                                                                                                                                                                                                               |  | X                                                                                                                                                               |  | Fire-2                                                                                                             |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Structure-3                                                                                                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| Civil Fire Cas.-4                                                                                                                                                                                                                                      |  | Fire Serv. Cas.-5                                                                                                                                               |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | EMS-6                                                                                                                                                           |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| HazMat-7                                                                                                                                                                                                                                               |  | Wildland Fire-8                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Apparatus-9                                                                                                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| Personnel-10                                                                                                                                                                                                                                           |  | X                                                                                                                                                               |  | Personnel-10                                                                                                       |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Arson-11                                                                                                                                                        |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>H1* Casualties</b>                                                                                                                                                                                                                                  |  | X                                                                                                                                                               |  | None                                                                                                               |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Deaths                                                                                                                                                          |  | Injuries                                                                                                           |  |                   |  |                                                                                                            |  |                   |
| Fire Service                                                                                                                                                                                                                                           |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Civilian                                                                                                                                                        |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>H2 Detector</b>                                                                                                                                                                                                                                     |  | Required for Confined Fires.                                                                                                                                    |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 1                                                                                                                                                               |  | <input type="checkbox"/> Detector alerted occupants                                                                |  |                   |  |                                                                                                            |  |                   |
| 2                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Detector did not alert them                                                                                                            |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | U                                                                                                                                                               |  | <input checked="" type="checkbox"/> Unknown                                                                        |  |                   |  |                                                                                                            |  |                   |
| <b>H3 Hazardous Materials Release</b>                                                                                                                                                                                                                  |  | N                                                                                                                                                               |  | X                                                                                                                  |  | None              |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 1                                                                                                                                                               |  | <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions                                   |  |                   |  |                                                                                                            |  |                   |
| 2                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)                                                                                       |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 3                                                                                                                                                               |  | <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container                                         |  |                   |  |                                                                                                            |  |                   |
| 4                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage                                                                                   |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 5                                                                                                                                                               |  | <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable                                       |  |                   |  |                                                                                                            |  |                   |
| 6                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Household solvents: home/office spill, cleanup only                                                                                    |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 7                                                                                                                                                               |  | <input type="checkbox"/> Motor oil: from engine or portable container                                              |  |                   |  |                                                                                                            |  |                   |
| 8                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons                                                                                           |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 0                                                                                                                                                               |  | <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form |  |                   |  |                                                                                                            |  |                   |
| <b>I Mixed Use Property</b>                                                                                                                                                                                                                            |  | NN                                                                                                                                                              |  | X                                                                                                                  |  | Not Mixed         |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 10                                                                                                                                                              |  | <input type="checkbox"/> Assembly use                                                                              |  |                   |  |                                                                                                            |  |                   |
| 20                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Education use                                                                                                                          |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 33                                                                                                                                                              |  | <input type="checkbox"/> Medical use                                                                               |  |                   |  |                                                                                                            |  |                   |
| 40                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Residential use                                                                                                                        |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 51                                                                                                                                                              |  | <input type="checkbox"/> Row of stores                                                                             |  |                   |  |                                                                                                            |  |                   |
| 53                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Enclosed mall                                                                                                                          |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 58                                                                                                                                                              |  | <input type="checkbox"/> Bus. & Residential                                                                        |  |                   |  |                                                                                                            |  |                   |
| 59                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Office use                                                                                                                             |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 60                                                                                                                                                              |  | <input type="checkbox"/> Industrial use                                                                            |  |                   |  |                                                                                                            |  |                   |
| 63                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Military use                                                                                                                           |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 65                                                                                                                                                              |  | <input type="checkbox"/> Farm use                                                                                  |  |                   |  |                                                                                                            |  |                   |
| 00                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Other mixed use                                                                                                                        |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| <b>J Property Use*</b>                                                                                                                                                                                                                                 |  | Structures                                                                                                                                                      |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 131                                                                                                                                                             |  | <input type="checkbox"/> Church, place of worship                                                                  |  |                   |  |                                                                                                            |  |                   |
| 161                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Restaurant or cafeteria                                                                                                                |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 162                                                                                                                                                             |  | <input type="checkbox"/> Bar/Tavern or nightclub                                                                   |  |                   |  |                                                                                                            |  |                   |
| 213                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Elementary school or kindergarten                                                                                                      |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 215                                                                                                                                                             |  | <input type="checkbox"/> High school or junior high                                                                |  |                   |  |                                                                                                            |  |                   |
| 241                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> College, adult education                                                                                                               |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 311                                                                                                                                                             |  | <input type="checkbox"/> Care facility for the aged                                                                |  |                   |  |                                                                                                            |  |                   |
| 331                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Hospital                                                                                                                               |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Outside                                                                                                                                                         |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| 124                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Playground or park                                                                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 655                                                                                                                                                             |  | <input type="checkbox"/> Crops or orchard                                                                          |  |                   |  |                                                                                                            |  |                   |
| 669                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Forest (timberland)                                                                                                                    |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 807                                                                                                                                                             |  | <input type="checkbox"/> Outdoor storage area                                                                      |  |                   |  |                                                                                                            |  |                   |
| 919                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Dump or sanitary landfill                                                                                                              |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 931                                                                                                                                                             |  | <input type="checkbox"/> Open land or field                                                                        |  |                   |  |                                                                                                            |  |                   |
| 341                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Clinic, clinic type infirmary                                                                                                          |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 342                                                                                                                                                             |  | <input type="checkbox"/> Doctor/dentist office                                                                     |  |                   |  |                                                                                                            |  |                   |
| 361                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Prison or jail, not juvenile                                                                                                           |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 419                                                                                                                                                             |  | <input type="checkbox"/> 1-or 2-family dwelling                                                                    |  |                   |  |                                                                                                            |  |                   |
| 429                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Multi-family dwelling                                                                                                                  |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 439                                                                                                                                                             |  | <input type="checkbox"/> Rooming/boarding house                                                                    |  |                   |  |                                                                                                            |  |                   |
| 449                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Commercial hotel or motel                                                                                                              |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 459                                                                                                                                                             |  | <input type="checkbox"/> Residential, board and care                                                               |  |                   |  |                                                                                                            |  |                   |
| 464                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Dormitory/barracks                                                                                                                     |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 519                                                                                                                                                             |  | <input type="checkbox"/> Food and beverage sales                                                                   |  |                   |  |                                                                                                            |  |                   |
| 936                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Vacant lot                                                                                                                             |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 938                                                                                                                                                             |  | <input type="checkbox"/> Graded/care for plot of land                                                              |  |                   |  |                                                                                                            |  |                   |
| 946                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Lake, river, stream                                                                                                                    |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 951                                                                                                                                                             |  | <input type="checkbox"/> Railroad right of way                                                                     |  |                   |  |                                                                                                            |  |                   |
| 960                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Other street                                                                                                                           |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 961                                                                                                                                                             |  | <input checked="" type="checkbox"/> Highway/divided highway                                                        |  |                   |  |                                                                                                            |  |                   |
| 962                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Residential street/driveway                                                                                                            |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
| 539                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Household goods, sales, repairs                                                                                                        |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 579                                                                                                                                                             |  | <input type="checkbox"/> Motor vehicle/boat sales/repair                                                           |  |                   |  |                                                                                                            |  |                   |
| 571                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Gas or service station                                                                                                                 |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 599                                                                                                                                                             |  | <input type="checkbox"/> Business office                                                                           |  |                   |  |                                                                                                            |  |                   |
| 615                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Electric generating plant                                                                                                              |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 629                                                                                                                                                             |  | <input type="checkbox"/> Laboratory/science lab                                                                    |  |                   |  |                                                                                                            |  |                   |
| 700                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Manufacturing plant                                                                                                                    |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 819                                                                                                                                                             |  | <input type="checkbox"/> Livestock/poultry storage(barn)                                                           |  |                   |  |                                                                                                            |  |                   |
| 882                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Non-residential parking garage                                                                                                         |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 891                                                                                                                                                             |  | <input type="checkbox"/> Warehouse                                                                                 |  |                   |  |                                                                                                            |  |                   |
| 981                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Construction site                                                                                                                      |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | 984                                                                                                                                                             |  | <input type="checkbox"/> Industrial plant yard                                                                     |  |                   |  |                                                                                                            |  |                   |
| Property Use                                                                                                                                                                                                                                           |  | 961                                                                                                                                                             |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |
|                                                                                                                                                                                                                                                        |  | Highway or divided highway                                                                                                                                      |  |                                                                                                                    |  |                   |  |                                                                                                            |  |                   |

**K1 Person/Entity Involved** ☐ Local Option ☐ Business name (if applicable)  -  -  Area Code Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 owner** ☐ Same as person involved? Then check this box and skip The rest of this section.

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Local Option ☐ Business name (if Applicable)  -  -  Area Code Phone Number

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

**L Remarks** ☐ Local Option

CoSFFD E-13 and TK 11 we dispatched and responded from their respective stations to a reported car fire on Interstate 20 eastbound about 1/2 to 1 mile past the onramp from Fulton Industrial Boulevard. E-19 became available from their previous call (17677) and responded from Fulton Industrial Boulevard near Aero Drive. E-13 returned to service.

Enroute E-19 observed a heavy column of smoke and advised dispatch, requesting FCPD and a H.E.R.O. unit to respond to assist with traffic control.

E-19 arrived on scene first and blocked 2 lanes of traffic for our protection with a vehicle well involved with the exception of the truck compartment. The driver made her presence known and advised she had been the only occupant of the vehicle.

E-19 pulled 200 feet of 1 3/4 inch hose and began extinguishment with T-11 arrived and was positioned to further protect the scene. T-11's RS firefighter assisted E-19's 2 crew members with extinguishment. After a knockdown was made of the fire and hot spots were extinguished we remained on scene for cleanup and a final dousing of the vehicle.

We spoke with the driver/owner of the vehicle. She advised that when she got on the interstate she noticed that smoke appeared to be coming out of her driver's side vent. She told us she pulled over into the accident investigation area and stopped. When she stopped she noticed the smoke coming out of the vents on the driver side dash had increased. She stated the dashboard on the left side felt hot. She grabbed her purse and got out of the vehicle. She called 911 and that is when she noticed flames coming out of the left vents on the dashboard. She stated she kept her car well maintained and had the car serviced about 2 months ago.

**L Authorization** ☐ Local Option

Due to the extent of the damage to the vehicle we were unable to determine a cause.

The vehicle is a total loss. She also stated her personal PC was destroyed in the fire.

To assist her with her insurance (GEICO) we spoke with a representative on the phone and informed them of the situation as well as the City of South Fulton Case number.

Officer in charge ID Signature Position or rank Assignment Month Day Year

Officer in charge ID Signature Position or rank Assignment Month Day Year

We left the scene with FCPD and a H.E.R.O unit to await the arrival of a wrecker.



**Narrative:**

CoSFFD E-13 and TK 11 we dispatched and responded from their respective stations to a reported car fire on Interstate 20 eastbound about 1/2 to 1 mile past the onramp from Fulton Industrial Boulevard. E-19 became available from their previous call (17677) and responded from Fulton Industrial Boulevard near Aero Drive. E-13 returned to service. Enroute E-19 observed a heavy column of smoke and advised dispatch, requesting FCPD and a H.E.R.O. unit to respond to assist with traffic control. E-19 arrived on scene first and blocked 2 lanes of traffic for our protection with a vehicle well involved with the exception of the truck compartment. The driver made her presence known and advised she had been the only occupant of the vehicle. E-19 pulled 200 feet of 1 3/4 inch hose and began extinguishment with T-11 arrived and was positioned to further protect the scene. T-11's RS firefighter assisted E-19's 2 crew members with extinguishment. After a knockdown was made of the fire and hot spots were extinguished we remained on scene for cleanup and a final dousing of the vehicle.

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We left the scene with FCPD and a H.E.R.O unit to await the arrival of a wrecker.

Note VIN destroyed in fire

**Equipment used**

1 set of irons  
3 air packs  
200 feet of 1 3/4 hose  
500 gallons of water  
08/13/2018 16:21:36 sfdjenacova

|          |  |                                                                              |  |                                                                       |  |                                                                                                                                                                                                                        |  |                                                                       |  |                                                                                         |  |                                                                           |  |                                                                                                            |  |                          |  |
|----------|--|------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|--------------------------|--|
| <b>A</b> |  | FOLD * <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> |  | State * <span style="border:1px solid black; padding: 2px;">GA</span> |  | Incident Date * MM <span style="border:1px solid black; padding: 2px;">08</span> DD <span style="border:1px solid black; padding: 2px;">13</span> YYYY <span style="border:1px solid black; padding: 2px;">2018</span> |  | Station <span style="border:1px solid black; padding: 2px;">19</span> |  | Incident Number * <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> |  | Exposure * <span style="border:1px solid black; padding: 2px;">000</span> |  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> No Activity |  | <b>NFIRS -2<br/>Fire</b> |  |
|----------|--|------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|--------------------------|--|

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| <b>B Property Details</b><br><br><b>B1</b> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <input checked="" type="checkbox"/> <b>Not Residential</b><br><i>Estimated Number of residential living units in building of origin whether or not all units became involved</i><br><br><b>B2</b> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <input checked="" type="checkbox"/> <b>Buildings not involved</b><br><i>Number of buildings involved</i><br><br><b>B3</b> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <input checked="" type="checkbox"/> <b>None</b><br><i>Acres burned (outside fires)</i> <input type="checkbox"/> <b>Less than one acre</b> |  |  | <b>C On-Site Materials or Products</b> <input checked="" type="checkbox"/> <b>None</b><br><i>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</i><br>Enter up to three codes. Check one or more boxes for each code entered.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <b>NNN</b> <span style="border:1px solid black; padding: 2px;">None</span><br/> <i>On-site material (1)</i><br/><br/> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br/> <i>On-site material (2)</i><br/><br/> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br/> <i>On-site material (3)</i> </div> <div style="width: 30%;">           1 <input type="checkbox"/> Bulk storage or warehousing<br/>           2 <input type="checkbox"/> Processing or manufacturing<br/>           3 <input type="checkbox"/> Packaged goods for sale<br/>           4 <input type="checkbox"/> Repair or service<br/><br/>           1 <input type="checkbox"/> Bulk storage or warehousing<br/>           2 <input type="checkbox"/> Processing or manufacturing<br/>           3 <input type="checkbox"/> Packaged goods for sale<br/>           4 <input type="checkbox"/> Repair or service<br/><br/>           1 <input type="checkbox"/> Bulk storage or warehousing<br/>           2 <input type="checkbox"/> Processing or manufacturing<br/>           3 <input type="checkbox"/> Packaged goods for sale<br/>           4 <input type="checkbox"/> Repair or service         </div> </div> |  |  |  |  |  |  |
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| <b>D Ignition</b><br><br><b>D1</b> <span style="border:1px solid black; padding: 2px;">83</span> <span style="border:1px solid black; padding: 2px;">Engine area, running gear, wheel area</span><br><i>Area of fire origin *</i><br><br><b>D2</b> <span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span><br><i>Heat source *</i><br><br><b>D3</b> <span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span><br><i>Item first ignited *</i> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>Check Box if fire spread was confined to object of origin</b><br><br><b>D4</b> <span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span><br><i>Type of material first ignited</i> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <i>Required only if item first ignited code is 00 or &lt;70</i> |  |  | <b>E1 Cause of Ignition</b><br><input type="checkbox"/> <b>Check box if this is an exposure report. Skip to section G</b><br>1 <input type="checkbox"/> Intentional<br>2 <input type="checkbox"/> Unintentional<br>3 <input type="checkbox"/> Failure of equipment or heat source<br>4 <input type="checkbox"/> Act of nature<br>5 <input type="checkbox"/> Cause under investigation<br>U <input checked="" type="checkbox"/> <b>Cause undetermined after investigation</b> |  |  | <b>E3 Human Factors Contributing To Ignition</b><br><b>Check all applicable boxes</b><br>1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> <b>None</b><br>2 <input type="checkbox"/> Possibly impaired by alcohol or drugs<br>3 <input type="checkbox"/> Unattended person<br>4 <input type="checkbox"/> Possibly mental disabled<br>5 <input type="checkbox"/> Physically Disabled<br>6 <input type="checkbox"/> Multiple persons involved<br><br>7 <input type="checkbox"/> Age was a factor<br>Estimated age of person involved <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br><br>1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female |  |  |
| <b>E2 Factors Contributing To Ignition</b><br><span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span> <input checked="" type="checkbox"/> <b>None</b><br><i>Factor Contributing To Ignition (1)</i><br><br><span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br><i>Factor Contributing To Ignition (2)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
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| <b>F1 Equipment Involved In Ignition</b><br><input checked="" type="checkbox"/> <b>None</b> <i>If Equipment was not involved, Skip to Section G</i><br><br><span style="border:1px solid black; padding: 2px;">NNN</span> <span style="border:1px solid black; padding: 2px;">None</span><br><i>Equipment Involved</i><br><br>Brand <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br>Model <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br>Serial # <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br>Year <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> |  | <b>F2 Equipment Power</b><br><span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br><i>Equipment Power Source</i><br><br><b>F3 Equipment Portability</b><br>1 <input type="checkbox"/> Portable<br>2 <input type="checkbox"/> Stationary<br><br><i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i> |  | <b>G Fire Suppression Factors</b><br>Enter up to three codes. <input checked="" type="checkbox"/> <b>None</b><br><br><span style="border:1px solid black; padding: 2px;">NNN</span> <span style="border:1px solid black; padding: 2px;">None</span><br><i>Fire suppression factor (1)</i><br><br><span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br><i>Fire suppression factor (2)</i><br><br><span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br><i>Fire suppression factor (3)</i> |  |  |  |
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| <b>H1 Mobile Property Involved</b><br><input type="checkbox"/> <b>None</b><br><br>1 <input type="checkbox"/> Not involved in ignition, but burned<br>2 <input type="checkbox"/> Involved in ignition, but did not burn<br>3 <input checked="" type="checkbox"/> Involved in ignition and burned<br><br><span style="border:1px solid black; padding: 2px;">Forte Eco Ex</span><br><i>Mobile property model</i><br><br><span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br><i>License Plate Number</i> <span style="border:1px solid black; padding: 2px;">GA</span> <span style="border:1px solid black; padding: 2px;">[REDACTED]</span><br><i>State</i> <i>VIN Number</i> |  | <b>H2 Mobile Property Type &amp; Make</b><br><span style="border:1px solid black; padding: 2px;">11</span> <span style="border:1px solid black; padding: 2px;">Automobile, passenger car, ambulance, fire car</span><br><i>Mobile property type</i><br><br><span style="border:1px solid black; padding: 2px;">KI</span> <span style="border:1px solid black; padding: 2px;">Kia</span><br><i>Mobile property make</i> |  | <b>Local Use</b><br><input type="checkbox"/> <b>Pre-Fire Plan Available</b><br><i>Some of the information presented in this report may be based upon reports from other Agencies</i><br><br><input type="checkbox"/> Arson report attached<br><input type="checkbox"/> Police report attached<br><input type="checkbox"/> Coroner report attached<br><input type="checkbox"/> Other reports attached |  |  |  |
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| <b>A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div><div></div><div>FDID *</div></div>              | <div><div>GA</div><div>State *</div></div> | <div><div>MM</div><div>8</div></div> | <div><div>DD</div><div>13</div></div> | <div><div>YYYY</div><div>2018</div></div> | <div><div>19</div><div>Station</div></div> | <div><div></div><div>Incident Number *</div></div> | <div><div>0000</div><div>Exposure *</div></div> | <div><div><input type="checkbox"/></div>Delete</div> | <b>Vehicle<br/>Accident<br/>Information</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div><div><input type="checkbox"/></div>Change</div> |                                            |                                      |                                       |                                           |                                            |                                                    |                                                 |                                                      |                                             |
| <div><div>Mobile Property Type</div><div>10 Passenger road vehicle, Other</div><div>Accident Type</div><div>0 Not Applicable</div></div> <div><div>Vehicle Found</div><div>1 Upright</div><div>Position in vehicle</div><div>11 Driver</div></div> <div><div>Ejection/Entrapment</div><div>0 Not Applicable</div></div> <div><div>Vehicle Make</div><div>Kia</div><div>vehicle license</div><div></div><div>State</div><div>GA</div></div> <div><div>VIN</div><div></div><div>Drivers's License#</div><div></div><div>State</div><div>GA</div></div> <div><div>Extrication Required?</div><div>No</div><div>Minutes Required</div><div></div><div>Extrication Agency</div><div></div></div> |                                                      |                                            |                                      |                                       |                                           |                                            |                                                    |                                                 |                                                      |                                             |

| <b>A</b>                                                                                                                                                            |          | FDID <span style="border:1px solid black; padding: 0 10px;"> </span> * |                                                                 | State * <span style="border:1px solid black; padding: 0 10px;">GA</span> | MM <span style="border:1px solid black; padding: 0 10px;">8</span> | DD <span style="border:1px solid black; padding: 0 10px;">13</span> | YYYY <span style="border:1px solid black; padding: 0 10px;">2018</span> | Station <span style="border:1px solid black; padding: 0 10px;">19</span> | Incident Number * <span style="border:1px solid black; padding: 0 10px;"> </span>                                 | Exposure * <span style="border:1px solid black; padding: 0 10px;">000</span> | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 9<br/>Apparatus or<br/>Resources</b>                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|
|                                                                                                                                                                     |          |                                                                        |                                                                 |                                                                          |                                                                    |                                                                     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
| B Apparatus or *<br>Resource                                                                                                                                        |          | Date and Times<br><small>Check if same as alarm date</small>           |                                                                 |                                                                          |                                                                    |                                                                     | Sent<br><input checked="" type="checkbox"/>                             | Number<br>of *<br>People                                                 | Use<br><small>Check ONE box for each<br/>apparatus to indicate<br/>its main use at the<br/>incident.</small>      | Actions Taken                                                                |                                                                    |                                                                 |
|                                                                                                                                                                     |          | Month                                                                  | Day                                                             | Year                                                                     | Hour                                                               | Min                                                                 |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
| 1 ID <span style="border:1px solid black; padding: 0 10px;">E13</span><br>Type <span style="border:1px solid black; padding: 0 10px;">11</span>                     | Dispatch | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:20</span> | <input checked="" type="checkbox"/>                                     | <span style="border:1px solid black; padding: 0 10px;">4</span>          | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <span style="border:1px solid black; padding: 0 10px;">93</span>             | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:24</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| 2 ID <span style="border:1px solid black; padding: 0 10px;">E19</span><br>Type <span style="border:1px solid black; padding: 0 10px;">12</span>                     | Dispatch | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:20</span> | <input checked="" type="checkbox"/>                                     | <span style="border:1px solid black; padding: 0 10px;">4</span>          | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:27</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:55</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| 3 ID <span style="border:1px solid black; padding: 0 10px;">TK11</span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span>                     | Dispatch | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:20</span> | <input checked="" type="checkbox"/>                                     | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:29</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    | <span style="border:1px solid black; padding: 0 10px;"> </span> |

### Type of Apparatus or Resources

#### Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

#### Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

#### Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

#### Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

#### Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

#### Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?  
Use Additional  
Sheets

#### Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; background-color: black; margin: 0 auto;"></div> <div style="font-size: 8px;">FDID *</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">GA</div> <div style="font-size: 8px;">State *</div> </div> <div style="text-align: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">8</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div> <div style="font-size: 8px;">Incident Date *</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="font-size: 8px;">Station</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; background-color: black; margin: 0 auto;"></div> <div style="font-size: 8px;">Incident Number *</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">000</div> <div style="font-size: 8px;">Exposure *</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Delete<br/> <input type="checkbox"/> Change </div> </div> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

NFIRS - 10  
Personnel

|      |             |               |            |      |               |                 |                 |                               |
|------|-------------|---------------|------------|------|---------------|-----------------|-----------------|-------------------------------|
| FDID | GA<br>State | 8<br>Incident | 13<br>Date | 2018 | 19<br>Station | Incident Number | 000<br>Exposure | Responding<br>Units/Personnel |
|------|-------------|---------------|------------|------|---------------|-----------------|-----------------|-------------------------------|

| Unit | Notify Time | Enroute Time | Arrival Time | Cleared Time |
|------|-------------|--------------|--------------|--------------|
|------|-------------|--------------|--------------|--------------|

E13 Engine 13\_VID00683      08:20:00      08:22:00      08:24:00

| Staff ID\Staff Name                 | Activity         | Rank        | Position     | Role         |
|-------------------------------------|------------------|-------------|--------------|--------------|
| 001084      Terrell, Gregory Artis  | Cancelled No Act | Firefighter | Left Jump Se | Firefighter- |
| 1021      YOUNG, NICHOLAS C         | Cancelled No Act | Firefighter | Right Jump S | Firefighter- |
| 551      HALL, Andrea M E33562      | Cancelled No Act | Captain     | Fire Officer | Officer in C |
| 949      Roseboro, David E3307291 L | Cancelled No Act | Firefighter | Engineer / D | Engineer / D |

E19 Engine 19\_VID00674      08:20:00      08:24:00      08:27:00      09:01:00

| Staff ID\Staff Name                | Activity | Rank        | Position     | Role         |
|------------------------------------|----------|-------------|--------------|--------------|
| 001064      Harris, Janel Robyn    | CAR FIRE | Firefighter | Right Jump S | Firefighter- |
| 342      Jenacova, Donald A E27901 | CAR FIRE | Captain     | Fire Officer | Officer in C |
| 426      WHITEHEAD, JEREMIAH E     | CAR FIRE | Firefighter | Engineer / D | Engineer / D |
| 876      Eberhart, Marcus James    | CAR FIRE | Firefighter | Left Jump Se | Firefighter- |

TK11 Ladder Truck\_VID00774      08:20:00      08:22:00      08:29:00      08:55:00

| Staff ID\Staff Name                  | Activity | Rank        | Position     | Role         |
|--------------------------------------|----------|-------------|--------------|--------------|
| 001069      Martinez, Fernando Jesus | CAR FIRE | Firefighter | Right Jump S | Firefighter- |
| 500      FLEMING, James K P4622      | CAR FIRE | Captain     | Fire Officer | Safety Offic |
| 935      Wood, Lauren Elizabeth      | CAR FIRE | Firefighter | Engineer / D | Engineer / D |



|        |               |         |          |              |               |                   |                   |                         |
|--------|---------------|---------|----------|--------------|---------------|-------------------|-------------------|-------------------------|
| FDID * | GA<br>State * | MM<br>8 | DD<br>13 | YYYY<br>2018 | 19<br>Station | Incident Number * | 000<br>Exposure * | Responding<br>Personnel |
|--------|---------------|---------|----------|--------------|---------------|-------------------|-------------------|-------------------------|

| Staff ID\Staff Name        | Unit       | Activity               | Position | Rank     | PayScl | Hrs  | HrsPd | Pts  |
|----------------------------|------------|------------------------|----------|----------|--------|------|-------|------|
| 001084 Terrell, Gregory Ar | E13        | CA Cancelled No Acti   | on       | Required | FFI    | 0.07 | 0.00  | 0.00 |
| 1021 YOUNG, NICHOLAS C     | E13        | CA Cancelled No Acti   | on       | Required | FFI    | 0.07 | 0.00  | 0.00 |
| 551 HALL, Andrea M         | E33562 E13 | CA Cancelled No Acti   | on       | Required | CP     | 0.07 | 0.00  | 0.00 |
| 949 Roseboro, David E      | 330729 E13 | X CA Cancelled No Acti | on       | Required | FFI    | 0.07 | 0.00  | 0.00 |
| 001064 Harris, Janel Robyn | E19        | CAR FIRE CAR FIRE      | RS       |          | FFI    | 0.68 | 0.00  | 0.00 |
| 342 Jenacova, Donald A     | E27901     | CAR FIRE CAR FIRE      | FC       |          | CP     | 0.68 | 0.00  | 0.00 |
| 426 WHITEHEAD, JEREMIAH E  | E19        | X CAR FIRE CAR FIRE    | EN       |          | FFII   | 0.68 | 0.00  | 0.00 |
| 876 Eberhart, Marcus James | E19        | CAR FIRE CAR FIRE      | LS       |          | FFI    | 0.68 | 0.00  | 0.00 |
| 001069 Martinez, Fernando  | JK11       | CAR FIRE CAR FIRE      | RS       |          | FFI    | 0.58 | 0.00  | 0.00 |
| 500 FLEMING, James K       | P4627 TK11 | CAR FIRE CAR FIRE      | FC       |          | CP     | 0.58 | 0.00  | 0.00 |
| 935 Wood, Lauren Elizabeth | TK11       | X CAR FIRE CAR FIRE    | EN       |          | FFE    | 0.58 | 0.00  | 0.00 |

Total Participants: 11

Total Personnel Hours: 4.74

An 'X' next to the unit denotes driver.

|                             |                                |                                                |                                             |                                             |                                  |                                        |                                      |                                                |
|-----------------------------|--------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------------|----------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|
| <div>FDID</div> <div></div> | <div>State</div> <div>GA</div> | <div>Incident</div> <div>MM</div> <div>8</div> | <div>Date</div> <div>DD</div> <div>13</div> | <div></div> <div>YYYY</div> <div>2018</div> | <div>Station</div> <div>19</div> | <div>Incident Number</div> <div></div> | <div>Exposure</div> <div>00000</div> | <div>NFIRS - Involvement<br/>User Fields</div> |
|-----------------------------|--------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------------|----------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|

|                                               |                                                           |                                 |                                    |
|-----------------------------------------------|-----------------------------------------------------------|---------------------------------|------------------------------------|
| <div>Involvement<br/>Name :</div> <div></div> | <div>Involvement<br/>Type :</div> <div>Driver/Owner</div> | <div>Owner :</div> <div>X</div> | <div>Occupant :</div> <div>X</div> |
|-----------------------------------------------|-----------------------------------------------------------|---------------------------------|------------------------------------|



**A**

|        |         |    |    |      |         |                   |            |                                                                    |                             |
|--------|---------|----|----|------|---------|-------------------|------------|--------------------------------------------------------------------|-----------------------------|
| FDID * | State * | MM | DD | YYYY | Station | Incident Number * | Exposure * | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>Insurance and \$Loss</b> |
|        | GA      | 8  | 13 | 2018 | 19      |                   |            |                                                                    |                             |

**B Estimated Dollar Loss & Value**

|           | Pre-Incident Value | Estimated Loss | Insured Amount | Settlement Amount |
|-----------|--------------------|----------------|----------------|-------------------|
| Buildings | \$0.00             | \$0.00         | \$0.00         | \$0.00            |
| Vehicles  | \$20,000.00        | \$20,000.00    | \$0.00         | \$0.00            |
| Contents  | \$5,000.00         | \$5,000.00     | \$0.00         | \$0.00            |

**C<sub>1</sub> Insurance Company**

|                             |          |                                                                                                                   |  |
|-----------------------------|----------|-------------------------------------------------------------------------------------------------------------------|--|
| Geico                       |          |                                                                                                                   |  |
| Business name if applicable |          | Contact Name                                                                                                      |  |
| Street or highway           |          |                                                                                                                   |  |
| Post office box             |          | City                                                                                                              |  |
| State                       | Zip Code | Phone Number                                                                                                      |  |
| Agent Name                  |          |                                                                                                                   |  |
| Policy Number               |          | <input type="checkbox"/> Buildings <input checked="" type="checkbox"/> Vehicles <input type="checkbox"/> Contents |  |
|                             |          | Policy Coverage                                                                                                   |  |

# Wells Fargo Way2Save<sup>®</sup> Checking

Account number: [REDACTED] ■ August 28, 2018 - September 28, 2018 ■ Page 1 of 8



[REDACTED]  
[REDACTED]  
FAIRBURN GA [REDACTED]

## Questions?

Available by phone 24 hours a day, 7 days a week:

Telecommunications Relay Services calls accepted

**1-800-TO-WELLS** (1 800 869 3557)

TTY: 1 800 877 4833

En español: 1 877 727 2932

華語 1 800 288 2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo com

Write: Wells Fargo Bank N A (297)

P O Box 6995

Portland OR 97228 6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer We value your trust in our company and look forward to continuing to serve you with your financial needs

## Account options

A check mark in the box indicates you have these convenient services with your account(s) Go to wells Fargo com or call the number above if you have questions or if you would like to add new services

|                    |                                     |                       |                                     |
|--------------------|-------------------------------------|-----------------------|-------------------------------------|
| Online Banking     | <input checked="" type="checkbox"/> | Direct Deposit        | <input checked="" type="checkbox"/> |
| Online Bill Pay    | <input checked="" type="checkbox"/> | Auto Transfer/Payment | <input type="checkbox"/>            |
| Online Statements  | <input checked="" type="checkbox"/> | Overdraft Protection  | <input type="checkbox"/>            |
| Mobile Banking     | <input checked="" type="checkbox"/> | Debit Card            | <input type="checkbox"/>            |
| My Spending Report | <input checked="" type="checkbox"/> | Overdraft Service     | <input type="checkbox"/>            |

## Activity summary

|                               |                |
|-------------------------------|----------------|
| Beginning balance on 8/28     | \$81 70        |
| Deposits/Additions            | 9 710 90       |
| Withdrawals/Subtractions      | 9 768 07       |
| <b>Ending balance on 9/28</b> | <b>\$24.53</b> |

Account number: [REDACTED]

Georgia account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): [REDACTED]

## Overdraft Protection

This account is not currently covered by Overdraft Protection If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store



## Transaction history

| Date | Check<br>Number | Description                                                                                 | Deposits/<br>Additions | Withdrawals/<br>Subtractions | Ending daily<br>balance |
|------|-----------------|---------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------|
| 8/28 |                 | Purchase authorized on 08/27 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368           |                        | 1 45                         |                         |
| 8/28 |                 | Purchase authorized on 08/27 Corner Bakery 0099 Olo Corn GA<br>[REDACTED] Card 4368         |                        | 5 00                         |                         |
| 8/28 |                 | Purchase authorized on 08/27 Bp#1722032Ck 2211 Atlanta GA<br>[REDACTED] Card 4368           |                        | 41 44                        |                         |
| 8/28 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                           |                        | 3 00                         | 30 81                   |
| 8/29 |                 | Money Transfer authorized on 08/29 From [REDACTED] Jasmine GA<br>[REDACTED] Card 4368       | 247 50                 |                              |                         |
| 8/29 |                 | Purchase authorized on 08/27 AAA Park 270 Peach Atlanta GA<br>[REDACTED] Card 4368          |                        | 7 00                         |                         |
| 8/29 |                 | Purchase authorized on 08/28 Atl Kim s Cafe Dacula GA<br>[REDACTED] Card 4368               |                        | 8 58                         |                         |
| 8/29 |                 | Purchase authorized on 08/29 Target T 375 18th St Atlanta GA<br>[REDACTED] Card 4368        |                        | 78 93                        |                         |
| 8/29 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                           |                        | 3 00                         | 180 80                  |
| 8/30 |                 | Purchase Return authorized on 08/29 Enterprise Rent A Union<br>City GA [REDACTED] Card 4368 | 50 00                  |                              |                         |
| 8/30 |                 | Purchase authorized on 08/29 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368           |                        | 1 45                         |                         |
| 8/30 |                 | Purchase authorized on 08/29 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368           |                        | 1 00                         |                         |
| 8/30 |                 | Purchase authorized on 08/30 Cnnst2705 Atlanta GA<br>[REDACTED] Card 4368                   |                        | 21 18                        |                         |
| 8/30 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                           |                        | 3 00                         | 204 17                  |
| 8/31 |                 | Money Transfer authorized on 08/31 From Digital V Media GA<br>[REDACTED] Card 4368          | 39 40                  |                              |                         |
| 8/31 |                 | Purchase authorized on 08/29 AAA Park 270 Peach Atlanta GA<br>[REDACTED] Card 4368          |                        | 7 00                         |                         |
| 8/31 |                 | Purchase authorized on 08/29 The Juicy Crab East Point GA<br>[REDACTED] Card 4368           |                        | 32 90                        |                         |
| 8/31 |                 | Purchase authorized on 08/30 Delta Air Baggage Atlanta GA<br>[REDACTED] Card 4368           |                        | 25 00                        |                         |
| 8/31 |                 | Purchase authorized on 08/30 Uber Technologies 866 576 1039<br>CA [REDACTED] Card 4368      |                        | 17 79                        |                         |
| 8/31 |                 | Purchase authorized on 08/30 Givv K OSK Gift CA 619 415 3413<br>CA [REDACTED] Card 4368     |                        | 39 22                        |                         |
| 8/31 |                 | Purchase authorized on 08/30 Uber Technologies 866 576 1039<br>CA [REDACTED] Card 4368      |                        | 3 00                         |                         |
| 8/31 |                 | Purchase authorized on 08/30 Uber Technologies 866 576 1039<br>CA [REDACTED] Card 4368      |                        | 12 25                        |                         |
| 8/31 |                 | Purchase authorized on 08/30 Uber Technologies 866 576 1039<br>CA [REDACTED] Card 4368      |                        | 8 69                         |                         |
| 8/31 |                 | Purchase authorized on 08/30 Uber Technologies 866 576 1039<br>CA [REDACTED] Card 4368      |                        | 5 52                         |                         |
| 8/31 |                 | Purchase authorized on 08/30 Uber Technologies 866 576 1039<br>CA [REDACTED] Card 4368      |                        | 8 40                         |                         |
| 8/31 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                           |                        | 10 00                        | 73 80                   |
| 9/4  |                 | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 09/01/18 | 250 00                 |                              |                         |
| 9/4  |                 | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 09/03/18 | 100 00                 |                              |                         |
| 9/4  |                 | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 09/04/18 | 1 000 00               |                              |                         |
| 9/4  |                 | Purchase authorized on 09/01 Bad Daddy s Burger Broomfield<br>CO [REDACTED] Card 4368       |                        | 52 94                        |                         |
| 9/4  |                 | Purchase authorized on 09/01 0776 Forever 21 Broomfield CO<br>[REDACTED] Card 4368          |                        | 40 88                        |                         |
| 9/4  |                 | Purchase authorized on 09/01 Highstyletravel CO 8446956677<br>AZ [REDACTED] Card 4368       |                        | 35 00                        |                         |

## Transaction history (continued)

| Date | Check Number | Description                                                                                    | Deposits/<br>Additions | Withdrawals/<br>Subtractions | Ending daily<br>balance |
|------|--------------|------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------|
| 9/4  |              | Purchase authorized on 09/01 Highstyletravel CO 8446956677<br>AZ [REDACTED] Card 4368          |                        | 35 00                        |                         |
| 9/4  |              | Purchase authorized on 09/02 Delta Air Baggage Denver CO<br>[REDACTED] Card 4368               |                        | 25 00                        |                         |
| 9/4  |              | Purchase authorized on 09/02 Quiznos A #46 Denver CO<br>[REDACTED] Card 4368                   |                        | 17 28                        |                         |
| 9/4  |              | Purchase authorized on 09/03 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368              |                        | 1 00                         |                         |
| 9/4  |              | Purchase authorized on 09/04 Publix Super Mar 5370 Cam<br>Fairburn GA [REDACTED] Card 4368     |                        | 863 78                       |                         |
| 9/4  |              | Purchase authorized on 09/04 Publix Super Mar 5370 Cam<br>Fairburn GA [REDACTED] Card 4368     |                        | 26 08                        |                         |
| 9/4  |              | Paypal nst Xfer 180902 Uber [REDACTED]                                                         |                        | 31 90                        |                         |
| 9/4  |              | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                              |                        | 9 00                         | 285 94                  |
| 9/5  |              | Deposit Made n A Branch/Store                                                                  | 100 00                 |                              |                         |
| 9/5  |              | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 09/05/18    | 5 000 00               |                              |                         |
| 9/5  |              | Purchase authorized on 09/03 Sprint *Wireless 800 639 6111 KS<br>[REDACTED] Card 4368          |                        | 128 77                       |                         |
| 9/5  |              | Purchase authorized on 09/05 Bmw nc Union City GA<br>[REDACTED] Card 4368                      |                        | 3 300 00                     |                         |
| 9/5  |              | Paypal nst Xfer 180905 Abcmouse [REDACTED]                                                     |                        | 0 90                         |                         |
| 9/5  |              | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                              |                        | 2 00                         | 1 954 27                |
| 9/6  |              | Recurring Payment authorized on 09/04 Starbucks 800 782 7282<br>WA [REDACTED] Card 4368        |                        | 25 00                        | 1 929 27                |
| 9/7  |              | Donnelly Communi Payroll 0Jg92 10230Fjp1 [REDACTED]                                            | 1 142 00               |                              |                         |
| 9/7  |              | Paypal nst Xfer 180907 Fabkids Com [REDACTED]                                                  |                        | 29 95                        |                         |
| 9/7  |              | Paypal nst Xfer 180907 Phlearn Pro [REDACTED]                                                  |                        | 9 95                         | 3 031 37                |
| 9/10 |              | Purchase authorized on 09/07 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368              |                        | 0 85                         |                         |
| 9/10 |              | Recurring Payment authorized on 09/08 bi*Shoedazzle<br>888 5081888 CA [REDACTED] Card 4368     |                        | 39 95                        |                         |
| 9/10 |              | Purchase authorized on 09/08 Kindle Svcs 866 321 8851 WA<br>[REDACTED] Card 4368               |                        | 9 99                         |                         |
| 9/10 |              | ATM Withdrawal authorized on 09/08 7975 Senoia Rd Fairburn<br>GA 0008390 ATM D 6286U Card 4368 |                        | 300 00                       |                         |
| 9/10 |              | Purchase authorized on 09/08 Quiktrip Fairburn GA<br>[REDACTED] Card 4368                      |                        | 20 03                        |                         |
| 9/10 |              | Purchase authorized on 09/08 Sq *Myya Mixon 877 417 4551 GA<br>[REDACTED] Card 4368            |                        | 225 00                       |                         |
| 9/10 |              | Purchase authorized on 09/08 Bp#8982076Bp Si Austell GA<br>[REDACTED] Card 4368                |                        | 30 00                        |                         |
| 9/10 |              | Purchase authorized on 09/09 Dollar Tr 4740 Jonesbo Union City<br>GA [REDACTED] Card 4368      |                        | 49 53                        |                         |
| 9/10 |              | Purchase authorized on 09/09 K1 Beauty Union City GA<br>[REDACTED] Card 4368                   |                        | 15 48                        |                         |
| 9/10 |              | Purchase authorized on 09/09 Wal Mart Super Center Union City<br>GA [REDACTED] Card 4368       |                        | 12 52                        |                         |
| 9/10 |              | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                              |                        | 8 00                         | 2 320 02                |
| 9/11 |              | Purchase authorized on 09/09 Amzn Mktp US Amzn Com/Bill WA<br>[REDACTED] Card 4368             |                        | 32 62                        |                         |
| 9/11 |              | Purchase authorized on 09/09 Coweta Fayette Ele 770 2535626<br>GA [REDACTED] Card 4368         |                        | 116 00                       |                         |
| 9/11 |              | Purchase authorized on 09/10 Atl Kim s Cafe Dacula GA<br>[REDACTED] Card 4368                  |                        | 8 58                         |                         |
| 9/11 |              | Purchase authorized on 09/10 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368              |                        | 1 00                         |                         |
| 9/11 |              | Paypal nst Xfer 180911 Fabkids Com [REDACTED]                                                  |                        | 20 00                        |                         |
| 9/11 |              | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                              |                        | 4 00                         | 2 137 82                |
| 9/12 |              | Purchase authorized on 09/10 AAA Park 270 Peach Atlanta GA<br>[REDACTED] Card 4368             |                        | 7 00                         |                         |





Tel: 1-800-841-3000

GEICO INDEMNITY COMPANY  
One GEICO Center  
Macon, GA 31295-0001

Date Issued: January 24, 2018

FAIRBURN GA

Email Address

**Named Insured**

**Additional Drivers**

None

**Vehicle**

**VIN**

**Vehicle Location**

**Finance Company/  
Lienholder**

1 2011 Kia

Forte EX

KNAFU4A22B5

Fairburn GA

**Coverages\***

**Limits and/or Deductibles**

**Vehicle 1**

Bodily Injury Liability

Each Person/Each Occurrence

\$100,000/\$300,000

\$490.50

Property Damage Liability

\$50,000

\$265.90

Uninsured Motorist Bi - Add-On

Each Person/Each Occurrence

\$100,000/\$300,000

\$148.60

Uninsured Motorist Pd - Add-On

Non-Ded

-

\$50,000

\$0.00

250 Ded

-

Comprehensive

\$1,000 Ded

\$145.50

Collision

\$1,000 Ded

\$352.80

Emergency Road Service

Full

\$23.40

Rental Reimbursement

\$30 Per Day

\$37.30

\$900 Max

-

**Total Six Month Premium**

**\$1,464.00**

\*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

T-J

DEC\_PAGE (03-14) (Page 1 of 2)

Continued on Back  
Policy Change Page 5 of 6

**Discounts**

The total value of your discounts is

\$18.60

Anti-Lock Brakes (All Vehicles)

\$18.60

Contract Type: FAMILY

Contract Amendments: ALL VEHICLES - A30GA(04-07) A54ED1(03-14) A54GA(05-15) CRA503(08-08)

Unit Endorsements: A431 (05-11)(VEH 1); CRA115 (04-08)(VEH 1)

**Important Policy Information**

-Please review the front and/or back of this page for your coverage and discount information.

-Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA, however, in Virginia coverage is limited for custom furnishings or equipment on pick-up trucks or vans but you may purchase coverage for this equipment. Please call us at 1-800-841-3000 or visit us at geico.com if you have any questions.

**Declarations Page**

This is a description of your coverage.  
Please retain for your records.

**Policy Number:**

**Coverage Period:**

02-18-18 through 08-18-18

Your coverage begins and ends at 12:01am local time at the address of the named insured.

Endorsement Effective: 02-18-18

\*400101450634372410064004725\*





# INVOICE

**Laptops R Us**  
3780 Old Norcross Road  
Ste# 103-524  
Duluth, GA 30096  
Phone # (678) 383-9264

Date: Oct 13, 2018

Payment Terms: Cash

**Balance Due: \$0.00**

Bill To:

| Item                                            | Quantity | Rate     | Amount   |
|-------------------------------------------------|----------|----------|----------|
| 13" Apple Macbook Pro i5 Series w/ Fully Loaded | 1        | \$500.00 | \$500.00 |

Subtotal: \$500.00

Total: \$500.00

Amount Paid: \$500.00

Notes:

"Best Products On The Market"

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|-------------------|
| <b>A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | MM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DD              | YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 000                                  | <input type="checkbox"/> Delete | NFIRS -1<br>Basic |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13              | 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | <input type="checkbox"/> Change |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | State *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Incident Date * | Station                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Incident Number * | Exposure *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> No Activity |                                 |                   |
| <b>B Location*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> Check this box to Indicate that the address for this incident is provided on the Wildland Fire Census Tract 819 -                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Module In Section B "Alternative Location Specification". Use only for Wildland fires.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| <input type="checkbox"/> Street address<br><input type="checkbox"/> Intersection<br><input type="checkbox"/> In front of<br><input type="checkbox"/> Rear of<br><input type="checkbox"/> Adjacent to<br><input checked="" type="checkbox"/> Directions                                                                                                                                                                                                          |  | Number/Milepost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | Prefix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Street or Highway |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Street Type                          | Suffix                          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | Atlanta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | GA                              | 30331             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Apt./Suite/Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State             | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Interstate 20 Eastbound about 3/4 mile east of the on ramp from Fulton Industrial Boulevard                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| <b>C Incident Type *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>E1 Date &amp; Times</b> Midnight is 0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Check boxes if dates are the same as Alarm Date. ALARM always required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| <b>D Aid Given or Received*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>E2 Shift &amp; Alarms</b> Local Option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | C 01 FID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| 1 <input type="checkbox"/> Mutual aid received<br>2 <input type="checkbox"/> Automatic aid rcv.<br>3 <input type="checkbox"/> Mutual aid given<br>4 <input type="checkbox"/> Automatic aid given<br>5 <input type="checkbox"/> Other aid given<br>N <input checked="" type="checkbox"/> None                                                                                                                                                                    |  | <b>E3 Special Studies</b> Local Option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Special Study ID# Special Study Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| <b>F Actions Taken *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>G1 Resources *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| 11 Extinguishment by fire service personnel<br>Primary Action Taken (1)<br><br>86 Investigate<br>Additional Action Taken (2)<br><br>Additional Action Taken (3)                                                                                                                                                                                                                                                                                                 |  | <b>G2 Estimated Dollar Losses &amp; Values</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | LOSSES: Required for all fires if known. Optional for non fires. None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| <b>Completed Modules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>H1* Casualties</b> <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>H2 Detector</b> Required for Confined Fires.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| <input checked="" type="checkbox"/> Fire-2<br><input type="checkbox"/> Structure-3<br><input type="checkbox"/> Civil Fire Cas.-4<br><input type="checkbox"/> Fire Serv. Cas.-5<br><input type="checkbox"/> EMS-6<br><input type="checkbox"/> HazMat-7<br><input type="checkbox"/> Wildland Fire-8<br><input checked="" type="checkbox"/> Apparatus-9<br><input checked="" type="checkbox"/> Personnel-10<br><input type="checkbox"/> Arson-11                   |  | <b>H3 Hazardous Materials Release</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | N <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| <b>J Property Use*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>I Mixed Use Property</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | NN <input checked="" type="checkbox"/> Not Mixed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
| 131 <input type="checkbox"/> Church, place of worship<br>161 <input type="checkbox"/> Restaurant or cafeteria<br>162 <input type="checkbox"/> Bar/Tavern or nightclub<br>213 <input type="checkbox"/> Elementary school or kindergarten<br>215 <input type="checkbox"/> High school or junior high<br>241 <input type="checkbox"/> College, adult education<br>311 <input type="checkbox"/> Care facility for the aged<br>331 <input type="checkbox"/> Hospital |  | 10 <input type="checkbox"/> Assembly use<br>20 <input type="checkbox"/> Education use<br>33 <input type="checkbox"/> Medical use<br>40 <input type="checkbox"/> Residential use<br>51 <input type="checkbox"/> Row of stores<br>53 <input type="checkbox"/> Enclosed mall<br>58 <input type="checkbox"/> Bus. & Residential<br>59 <input type="checkbox"/> Office use<br>60 <input type="checkbox"/> Industrial use<br>63 <input type="checkbox"/> Military use<br>65 <input type="checkbox"/> Farm use<br>00 <input type="checkbox"/> Other mixed use |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Outside<br>124 <input type="checkbox"/> Playground or park<br>655 <input type="checkbox"/> Crops or orchard<br>669 <input type="checkbox"/> Forest (timberland)<br>807 <input type="checkbox"/> Outdoor storage area<br>919 <input type="checkbox"/> Dump or sanitary landfill<br>931 <input type="checkbox"/> Open land or field                                                                                                                                                                                                                      |                 | 341 <input type="checkbox"/> Clinic, clinic type infirmary<br>342 <input type="checkbox"/> Doctor/dentist office<br>361 <input type="checkbox"/> Prison or jail, not juvenile<br>419 <input type="checkbox"/> 1-or 2-family dwelling<br>429 <input type="checkbox"/> Multi-family dwelling<br>439 <input type="checkbox"/> Rooming/boarding house<br>449 <input type="checkbox"/> Commercial hotel or motel<br>459 <input type="checkbox"/> Residential, board and care<br>464 <input type="checkbox"/> Dormitory/barracks<br>519 <input type="checkbox"/> Food and beverage sales<br>936 <input type="checkbox"/> Vacant lot<br>938 <input type="checkbox"/> Graded/care for plot of land<br>946 <input type="checkbox"/> Lake, river, stream<br>951 <input type="checkbox"/> Railroad right of way<br>960 <input type="checkbox"/> Other street<br>961 <input checked="" type="checkbox"/> Highway/divided highway<br>962 <input type="checkbox"/> Residential street/driveway |                   | 539 <input type="checkbox"/> Household goods, sales, repairs<br>579 <input type="checkbox"/> Motor vehicle/boat sales/repair<br>571 <input type="checkbox"/> Gas or service station<br>599 <input type="checkbox"/> Business office<br>615 <input type="checkbox"/> Electric generating plant<br>629 <input type="checkbox"/> Laboratory/science lab<br>700 <input type="checkbox"/> Manufacturing plant<br>819 <input type="checkbox"/> Livestock/poultry storage(barn)<br>882 <input type="checkbox"/> Non-residential parking garage<br>891 <input type="checkbox"/> Warehouse<br>981 <input type="checkbox"/> Construction site<br>984 <input type="checkbox"/> Industrial plant yard |                                      |                                 |                   |
| Lookup and enter a Property Use code only if you have NOT checked a Property Use box:<br>Property Use 961<br>Highway or divided highway                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | NFIRS-1 Revision 03/11/99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                   |



**K1 Person/Entity Involved** ☐ Local Option ☐ Business name (if applicable)  -  -  Area Code Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 owner** ☐ Same as person involved? Then check this box and skip The rest of this section. ☐ Local Option ☐ Business name (if Applicable)  -  -  Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

**L Remarks** ☐ Local Option

CoSFFD E-13 and TK 11 we dispatched and responded from their respective stations to a reported car fire on Interstate 20 eastbound about 1/2 to 1 mile past the onramp from Fulton Industrial Boulevard. E-19 became available from their previous call (17677) and responded from Fulton Industrial Boulevard near Aero Drive. E-13 returned to service.

Enroute E-19 observed a heavy column of smoke and advised dispatch, requesting FCPD and a H.E.R.O. unit to respond to assist with traffic control.

E-19 arrived on scene first and blocked 2 lanes of traffic for our protection with a vehicle well involved with the exception of the truck compartment. The driver made her presence known and advised she had been the only occupant of the vehicle.

E-19 pulled 200 feet of 1 3/4 inch hose and began extinguishment with T-11 arrived and was positioned to further protect the scene. T-11's RS firefighter assisted E-19's 2 crew members with extinguishment. After a knockdown was made of the fire and hot spots were extinguished we remained on scene for cleanup and a final dousing of the vehicle.

We spoke with the driver/owner of the vehicle. She advised that when she got on the interstate she noticed that smoke appeared to be coming out of her driver's side vent. She told us she pulled over into the accident investigation area and stopped. When she stopped she noticed the smoke coming out of the vents on the driver side dash had increased. She stated the dashboard on the left side felt hot. She grabbed her purse and got out of the vehicle. She called 911 and that is when she noticed flames coming out of the left vents on the dashboard. She stated she kept her car well maintained and had the car serviced about 2 months ago.

**L Authorization** ☐ Local Option

Due to the extent of the damage to the vehicle we were unable to determine a cause.

The vehicle is a total loss. She also stated her personal PC was destroyed in the fire.

To assist her with her insurance (GEICO) we spoke with a representative on the phone and informed them of the situation as well as the City of South Fulton Case number.

Officer in charge ID Signature Position or rank Assignment Month Day Year

Officer in charge ID Signature Position or rank Assignment Month Day Year

We left the scene with FCPD and a H.E.R.O unit to await the arrival of a wrecker.

**Narrative:**

CoSFFD E-13 and TK 11 we dispatched and responded from their respective stations to a reported car fire on Interstate 20 eastbound about 1/2 to 1 mile past the onramp from Fulton Industrial Boulevard. E-19 became available from their previous call (17677) and responded from Fulton Industrial Boulevard near Aero Drive. E-13 returned to service. Enroute E-19 observed a heavy column of smoke and advised dispatch, requesting FCPD and a H.E.R.O. unit to respond to assist with traffic control. E-19 arrived on scene first and blocked 2 lanes of traffic for our protection with a vehicle well involved with the exception of the truck compartment. The driver made her presence known and advised she had been the only occupant of the vehicle. E-19 pulled 200 feet of 1 3/4 inch hose and began extinguishment with T-11 arrived and was positioned to further protect the scene. T-11's RS firefighter assisted E-19's 2 crew members with extinguishment. After a knockdown was made of the fire and hot spots were extinguished we remained on scene for cleanup and a final dousing of the vehicle.

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We left the scene with FCPD and a H.E.R.O unit to await the arrival of a wrecker.

Note VIN destroyed in fire

**Equipment used**

1 set of irons  
3 air packs  
200 feet of 1 3/4 hose  
500 gallons of water  
08/13/2018 16:21:36 sfdjenacova

|          |  |                                                                              |  |                                                                                                                                                                                                                        |  |                                                                       |  |                                                                                             |  |                                                                                                            |  |                          |  |
|----------|--|------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|--------------------------|--|
| <b>A</b> |  | FOLD * <span style="border:1px solid black; padding: 2px;">GA</span> State * |  | MM <span style="border:1px solid black; padding: 2px;">08</span> DD <span style="border:1px solid black; padding: 2px;">13</span> YYYY <span style="border:1px solid black; padding: 2px;">2018</span> Incident Date * |  | Station <span style="border:1px solid black; padding: 2px;">19</span> |  | Incident Number * <span style="border:1px solid black; padding: 2px;">000</span> Exposure * |  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change<br><input type="checkbox"/> No Activity |  | <b>NFIRS -2<br/>Fire</b> |  |
|----------|--|------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|--------------------------|--|

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| <b>B Property Details</b><br><br><b>B1</b> <span style="border:1px solid black; padding: 2px;"> </span> <input checked="" type="checkbox"/> <b>Not Residential</b><br><i>Estimated Number of residential living units in building of origin whether or not all units became involved</i><br><br><b>B2</b> <span style="border:1px solid black; padding: 2px;"> </span> <input checked="" type="checkbox"/> <b>Buildings not involved</b><br><i>Number of buildings involved</i><br><br><b>B3</b> <span style="border:1px solid black; padding: 2px;"> </span> <input checked="" type="checkbox"/> <b>None</b><br><i>Acres burned (outside fires)</i> <input type="checkbox"/> <b>Less than one acre</b> |  |  | <b>C On-Site Materials or Products</b> <input checked="" type="checkbox"/> <b>None</b> <small>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</small><br>Enter up to three codes. Check one or more boxes for each code entered.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <b>NNN</b> <span style="border:1px solid black; padding: 2px;">None</span><br/> <i>On-site material (1)</i><br/><br/> <span style="border:1px solid black; padding: 2px;"> </span> <span style="border:1px solid black; padding: 2px;"> </span><br/> <i>On-site material (2)</i><br/><br/> <span style="border:1px solid black; padding: 2px;"> </span> <span style="border:1px solid black; padding: 2px;"> </span><br/> <i>On-site material (3)</i> </div> <div style="width: 30%;">           1 <input type="checkbox"/> Bulk storage or warehousing<br/>           2 <input type="checkbox"/> Processing or manufacturing<br/>           3 <input type="checkbox"/> Packaged goods for sale<br/>           4 <input type="checkbox"/> Repair or service<br/><br/>           1 <input type="checkbox"/> Bulk storage or warehousing<br/>           2 <input type="checkbox"/> Processing or manufacturing<br/>           3 <input type="checkbox"/> Packaged goods for sale<br/>           4 <input type="checkbox"/> Repair or service<br/><br/>           1 <input type="checkbox"/> Bulk storage or warehousing<br/>           2 <input type="checkbox"/> Processing or manufacturing<br/>           3 <input type="checkbox"/> Packaged goods for sale<br/>           4 <input type="checkbox"/> Repair or service         </div> </div> |  |  |  |  |  |  |
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| <b>D Ignition</b><br><br><b>D1</b> <span style="border:1px solid black; padding: 2px;">83</span> <span style="border:1px solid black; padding: 2px;">Engine area, running gear, wheel area</span><br><i>Area of fire origin *</i><br><br><b>D2</b> <span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span><br><i>Heat source *</i><br><br><b>D3</b> <span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span><br><i>Item first ignited *</i> <input type="checkbox"/> <small>Check Box if fire spread was confined to object of origin</small><br><br><b>D4</b> <span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span><br><i>Type of material first ignited</i> <small>Required only if item first ignited code is 00 or &lt;70</small> |  |  | <b>E1 Cause of Ignition</b><br><input type="checkbox"/> <small>Check box if this is an exposure report. Skip to section G</small><br>1 <input type="checkbox"/> Intentional<br>2 <input type="checkbox"/> Unintentional<br>3 <input type="checkbox"/> Failure of equipment or heat source<br>4 <input type="checkbox"/> Act of nature<br>5 <input type="checkbox"/> Cause under investigation<br>U <input checked="" type="checkbox"/> Cause undetermined after investigation |  |  | <b>E3 Human Factors Contributing To Ignition</b><br>Check all applicable boxes<br>1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> <b>None</b><br>2 <input type="checkbox"/> Possibly impaired by alcohol or drugs<br>3 <input type="checkbox"/> Unattended person<br>4 <input type="checkbox"/> Possibly mental disabled<br>5 <input type="checkbox"/> Physically Disabled<br>6 <input type="checkbox"/> Multiple persons involved<br><br>7 <input type="checkbox"/> Age was a factor<br>Estimated age of person involved <span style="border:1px solid black; padding: 2px;"> </span><br><br>1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female |  |  |
| <b>E2 Factors Contributing To Ignition</b><br><span style="border:1px solid black; padding: 2px;">UU</span> <span style="border:1px solid black; padding: 2px;">Undetermined</span> <input checked="" type="checkbox"/> <b>None</b><br><i>Factor Contributing To Ignition (1)</i><br><br><span style="border:1px solid black; padding: 2px;"> </span> <span style="border:1px solid black; padding: 2px;"> </span><br><i>Factor Contributing To Ignition (2)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |

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| <b>F1 Equipment Involved In Ignition</b><br><input checked="" type="checkbox"/> <b>None</b> <small>If Equipment was not involved, Skip to Section G</small><br><br><span style="border:1px solid black; padding: 2px;">NNN</span> <span style="border:1px solid black; padding: 2px;">None</span><br><i>Equipment Involved</i><br><br>Brand <span style="border:1px solid black; padding: 2px;"> </span><br>Model <span style="border:1px solid black; padding: 2px;"> </span><br>Serial # <span style="border:1px solid black; padding: 2px;"> </span><br>Year <span style="border:1px solid black; padding: 2px;"> </span> |  | <b>F2 Equipment Power</b><br><span style="border:1px solid black; padding: 2px;"> </span> <span style="border:1px solid black; padding: 2px;"> </span><br><i>Equipment Power Source</i><br><br><b>F3 Equipment Portability</b><br>1 <input type="checkbox"/> Portable<br>2 <input type="checkbox"/> Stationary<br><br><small>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</small> |  | <b>G Fire Suppression Factors</b><br>Enter up to three codes. <input checked="" type="checkbox"/> <b>None</b><br><br><span style="border:1px solid black; padding: 2px;">NNN</span> <span style="border:1px solid black; padding: 2px;">None</span><br><i>Fire suppression factor (1)</i><br><br><span style="border:1px solid black; padding: 2px;"> </span> <span style="border:1px solid black; padding: 2px;"> </span><br><i>Fire suppression factor (2)</i><br><br><span style="border:1px solid black; padding: 2px;"> </span> <span style="border:1px solid black; padding: 2px;"> </span><br><i>Fire suppression factor (3)</i> |  |  |  |
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| <b>H1 Mobile Property Involved</b><br><input type="checkbox"/> <b>None</b><br><br>1 <input type="checkbox"/> Not involved in ignition, but burned<br>2 <input type="checkbox"/> Involved in ignition, but did not burn<br>3 <input checked="" type="checkbox"/> Involved in ignition and burned<br><br><span style="border:1px solid black; padding: 2px;">Forte Eco Ex</span><br><i>Mobile property model</i><br><br><span style="border:1px solid black; padding: 2px;"> </span> <span style="border:1px solid black; padding: 2px;">GA</span> <span style="border:1px solid black; padding: 2px;"> </span><br><i>License Plate Number      State      VIN Number</i> |  | <b>H2 Mobile Property Type &amp; Make</b><br><span style="border:1px solid black; padding: 2px;">11</span> <span style="border:1px solid black; padding: 2px;">Automobile, passenger car, ambulance, fire car</span><br><i>Mobile property type</i><br><br><span style="border:1px solid black; padding: 2px;">KI</span> <span style="border:1px solid black; padding: 2px;">Kia</span><br><i>Mobile property make</i> |  | <b>Local Use</b><br><input type="checkbox"/> <b>Pre-Fire Plan Available</b><br><small>Some of the information presented in this report may be based upon reports from other Agencies</small><br><br><input type="checkbox"/> Arson report attached<br><input type="checkbox"/> Police report attached<br><input type="checkbox"/> Coroner report attached<br><input type="checkbox"/> Other reports attached |  |
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NFIRS-2 Revision 01/19/99



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|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|----------------------------------|----------------------|------------------|----------------------|-----------|----------------------------|-----------|----------------------------|------------------|--|--|---------------------|-----|------------------------|--|--------------|----|------------|--|---------------------------|--|--------------|----|------------------------------|----|-------------------------|--|---------------------------|
| <b>A</b>                     | <div><div></div><div>FDID *</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div><div>GA</div><div>State *</div></div> | <div><div>MM</div><div>8</div></div> | <div><div>DD</div><div>13</div></div> | <div><div>YYYY</div><div>2018</div></div> | <div><div>19</div><div>Station</div></div> | <div><div></div><div>Incident Number *</div></div> | <div><div>00000</div><div>Exposure *</div></div> | <div><div><input type="checkbox"/> Delete</div><div><input type="checkbox"/> Change</div></div> | <b>Vehicle Accident Information</b> |                             |                                  |                      |                  |                      |           |                            |           |                            |                  |  |  |                     |     |                        |  |              |    |            |  |                           |  |              |    |                              |    |                         |  |                           |
|                              | <table><tr><td><b>Mobile Property Type</b></td><td>10 Passenger road vehicle, Other</td><td><b>Accident Type</b></td><td>0 Not Applicable</td></tr><tr><td><b>Vehicle Found</b></td><td>1 Upright</td><td><b>Position in vehicle</b></td><td>11 Driver</td></tr><tr><td><b>Ejection/Entrapment</b></td><td>0 Not Applicable</td><td></td><td></td></tr><tr><td><b>Vehicle Make</b></td><td>Kia</td><td><b>vehicle license</b></td><td></td><td><b>State</b></td><td>GA</td></tr><tr><td><b>VIN</b></td><td></td><td><b>Drivers's License#</b></td><td></td><td><b>State</b></td><td>GA</td></tr><tr><td><b>Extrication Required?</b></td><td>No</td><td><b>Minutes Required</b></td><td></td><td><b>Extrication Agency</b></td><td></td></tr></table> |                                            |                                      |                                       |                                           |                                            |                                                    |                                                  |                                                                                                 |                                     | <b>Mobile Property Type</b> | 10 Passenger road vehicle, Other | <b>Accident Type</b> | 0 Not Applicable | <b>Vehicle Found</b> | 1 Upright | <b>Position in vehicle</b> | 11 Driver | <b>Ejection/Entrapment</b> | 0 Not Applicable |  |  | <b>Vehicle Make</b> | Kia | <b>vehicle license</b> |  | <b>State</b> | GA | <b>VIN</b> |  | <b>Drivers's License#</b> |  | <b>State</b> | GA | <b>Extrication Required?</b> | No | <b>Minutes Required</b> |  | <b>Extrication Agency</b> |
| <b>Mobile Property Type</b>  | 10 Passenger road vehicle, Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Accident Type</b>                       | 0 Not Applicable                     |                                       |                                           |                                            |                                                    |                                                  |                                                                                                 |                                     |                             |                                  |                      |                  |                      |           |                            |           |                            |                  |  |  |                     |     |                        |  |              |    |            |  |                           |  |              |    |                              |    |                         |  |                           |
| <b>Vehicle Found</b>         | 1 Upright                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Position in vehicle</b>                 | 11 Driver                            |                                       |                                           |                                            |                                                    |                                                  |                                                                                                 |                                     |                             |                                  |                      |                  |                      |           |                            |           |                            |                  |  |  |                     |     |                        |  |              |    |            |  |                           |  |              |    |                              |    |                         |  |                           |
| <b>Ejection/Entrapment</b>   | 0 Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                      |                                       |                                           |                                            |                                                    |                                                  |                                                                                                 |                                     |                             |                                  |                      |                  |                      |           |                            |           |                            |                  |  |  |                     |     |                        |  |              |    |            |  |                           |  |              |    |                              |    |                         |  |                           |
| <b>Vehicle Make</b>          | Kia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>vehicle license</b>                     |                                      | <b>State</b>                          | GA                                        |                                            |                                                    |                                                  |                                                                                                 |                                     |                             |                                  |                      |                  |                      |           |                            |           |                            |                  |  |  |                     |     |                        |  |              |    |            |  |                           |  |              |    |                              |    |                         |  |                           |
| <b>VIN</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Drivers's License#</b>                  |                                      | <b>State</b>                          | GA                                        |                                            |                                                    |                                                  |                                                                                                 |                                     |                             |                                  |                      |                  |                      |           |                            |           |                            |                  |  |  |                     |     |                        |  |              |    |            |  |                           |  |              |    |                              |    |                         |  |                           |
| <b>Extrication Required?</b> | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Minutes Required</b>                    |                                      | <b>Extrication Agency</b>             |                                           |                                            |                                                    |                                                  |                                                                                                 |                                     |                             |                                  |                      |                  |                      |           |                            |           |                            |                  |  |  |                     |     |                        |  |              |    |            |  |                           |  |              |    |                              |    |                         |  |                           |

| <b>A</b>                                                                                                                                                            |          | FDID <span style="border:1px solid black; padding: 0 10px;"> </span> * |                                                                 | State * <span style="border:1px solid black; padding: 0 10px;">GA</span> | MM <span style="border:1px solid black; padding: 0 10px;">8</span> | DD <span style="border:1px solid black; padding: 0 10px;">13</span> | YYYY <span style="border:1px solid black; padding: 0 10px;">2018</span> | Station <span style="border:1px solid black; padding: 0 10px;">19</span> | Incident Number * <span style="border:1px solid black; padding: 0 10px;"> </span>                                 | Exposure * <span style="border:1px solid black; padding: 0 10px;">000</span> | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 9<br/>Apparatus or<br/>Resources</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|
|                                                                                                                                                                     |          |                                                                        |                                                                 |                                                                          |                                                                    |                                                                     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| B Apparatus or *<br>Resource                                                                                                                                        |          | Date and Times<br><small>Check if same as alarm date</small>           |                                                                 |                                                                          |                                                                    |                                                                     | Sent<br><input checked="" type="checkbox"/>                             | Number<br>of *<br>People                                                 | Use<br><small>Check ONE box for each<br/>apparatus to indicate<br/>its main use at the<br/>incident.</small>      | Actions Taken                                                                |                                                                    |                                                 |
|                                                                                                                                                                     |          | Month                                                                  | Day                                                             | Year                                                                     | Hour                                                               | Min                                                                 |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| 1 ID <span style="border:1px solid black; padding: 0 10px;">E13</span><br>Type <span style="border:1px solid black; padding: 0 10px;">11</span>                     | Dispatch | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:20</span> | <input checked="" type="checkbox"/>                                     | <span style="border:1px solid black; padding: 0 10px;">4</span>          | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <span style="border:1px solid black; padding: 0 10px;">93</span>             | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:24</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| 2 ID <span style="border:1px solid black; padding: 0 10px;">E19</span><br>Type <span style="border:1px solid black; padding: 0 10px;">12</span>                     | Dispatch | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:20</span> | <input checked="" type="checkbox"/>                                     | <span style="border:1px solid black; padding: 0 10px;">4</span>          | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:27</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:55</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| 3 ID <span style="border:1px solid black; padding: 0 10px;">TK11</span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span>                     | Dispatch | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:20</span> | <input checked="" type="checkbox"/>                                     | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input checked="" type="checkbox"/>                                    | <span style="border:1px solid black; padding: 0 10px;">8</span> | <span style="border:1px solid black; padding: 0 10px;">13</span>         | <span style="border:1px solid black; padding: 0 10px;">2018</span> | <span style="border:1px solid black; padding: 0 10px;">08:29</span> |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
| <input type="checkbox"/> ID <span style="border:1px solid black; padding: 0 10px;"> </span><br>Type <span style="border:1px solid black; padding: 0 10px;"> </span> | Dispatch | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     | <input type="checkbox"/>                                                | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <span style="border:1px solid black; padding: 0 10px;"> </span>              | <span style="border:1px solid black; padding: 0 10px;"> </span>    |                                                 |
|                                                                                                                                                                     | Arrival  | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |
|                                                                                                                                                                     | Clear    | <input type="checkbox"/>                                               | <span style="border:1px solid black; padding: 0 10px;"> </span> | <span style="border:1px solid black; padding: 0 10px;"> </span>          | <span style="border:1px solid black; padding: 0 10px;"> </span>    | <span style="border:1px solid black; padding: 0 10px;"> </span>     |                                                                         |                                                                          |                                                                                                                   |                                                                              |                                                                    |                                                 |

### Type of Apparatus or Resources

#### Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

#### Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

#### Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

#### Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

#### Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

#### Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

**More Apparatus?  
Use Additional  
Sheets**

#### Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; background-color: black; margin: 0 auto;"></div> <div style="font-size: 8px;">FDID *</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">GA</div> <div style="font-size: 8px;">State *</div> </div> <div style="text-align: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">8</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div> <div style="font-size: 8px;">Incident Date *</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="font-size: 8px;">Station</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; background-color: black; margin: 0 auto;"></div> <div style="font-size: 8px;">Incident Number *</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">000</div> <div style="font-size: 8px;">Exposure *</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Delete<br/> <input type="checkbox"/> Change </div> </div> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

NFIRS - 10  
Personnel



|      |             |               |            |      |               |                 |                 |                               |
|------|-------------|---------------|------------|------|---------------|-----------------|-----------------|-------------------------------|
| FDID | GA<br>State | 8<br>Incident | 13<br>Date | 2018 | 19<br>Station | Incident Number | 000<br>Exposure | Responding<br>Units/Personnel |
|------|-------------|---------------|------------|------|---------------|-----------------|-----------------|-------------------------------|

| Unit | Notify Time | Enroute Time | Arrival Time | Cleared Time |
|------|-------------|--------------|--------------|--------------|
|------|-------------|--------------|--------------|--------------|

E13 Engine 13\_VID00683      08:20:00      08:22:00      08:24:00

| Staff ID\Staff Name                 | Activity         | Rank        | Position     | Role         |
|-------------------------------------|------------------|-------------|--------------|--------------|
| 001084      Terrell, Gregory Artis  | Cancelled No Act | Firefighter | Left Jump Se | Firefighter- |
| 1021      YOUNG, NICHOLAS C         | Cancelled No Act | Firefighter | Right Jump S | Firefighter- |
| 551      HALL, Andrea M E33562      | Cancelled No Act | Captain     | Fire Officer | Officer in C |
| 949      Roseboro, David E3307291 L | Cancelled No Act | Firefighter | Engineer / D | Engineer / D |

E19 Engine 19\_VID00674      08:20:00      08:24:00      08:27:00      09:01:00

| Staff ID\Staff Name                | Activity | Rank        | Position     | Role         |
|------------------------------------|----------|-------------|--------------|--------------|
| 001064      Harris, Janel Robyn    | CAR FIRE | Firefighter | Right Jump S | Firefighter- |
| 342      Jenacova, Donald A E27901 | CAR FIRE | Captain     | Fire Officer | Officer in C |
| 426      WHITEHEAD, JEREMIAH E     | CAR FIRE | Firefighter | Engineer / D | Engineer / D |
| 876      Eberhart, Marcus James    | CAR FIRE | Firefighter | Left Jump Se | Firefighter- |

TK11 Ladder Truck\_VID00774      08:20:00      08:22:00      08:29:00      08:55:00

| Staff ID\Staff Name                  | Activity | Rank        | Position     | Role         |
|--------------------------------------|----------|-------------|--------------|--------------|
| 001069      Martinez, Fernando Jesus | CAR FIRE | Firefighter | Right Jump S | Firefighter- |
| 500      FLEMING, James K P4622      | CAR FIRE | Captain     | Fire Officer | Safety Offic |
| 935      Wood, Lauren Elizabeth      | CAR FIRE | Firefighter | Engineer / D | Engineer / D |

|        |         |         |          |              |               |                   |            |                         |
|--------|---------|---------|----------|--------------|---------------|-------------------|------------|-------------------------|
| FDID * | State * | MM<br>8 | DD<br>13 | YYYY<br>2018 | Station<br>19 | Incident Number * | Exposure * | Responding<br>Personnel |
|--------|---------|---------|----------|--------------|---------------|-------------------|------------|-------------------------|

| Staff ID\Staff Name        | Unit       | Activity               | Position | Rank     | PayScl | Hrs  | HrsPd | Pts  |
|----------------------------|------------|------------------------|----------|----------|--------|------|-------|------|
| 001084 Terrell, Gregory Ar | E13        | CA Cancelled No Acti   | on       | Required | FFI    | 0.07 | 0.00  | 0.00 |
| 1021 YOUNG, NICHOLAS C     | E13        | CA Cancelled No Acti   | on       | Required | FFI    | 0.07 | 0.00  | 0.00 |
| 551 HALL, Andrea M         | E33562 E13 | CA Cancelled No Acti   | on       | Required | CP     | 0.07 | 0.00  | 0.00 |
| 949 Roseboro, David E      | 330729 E13 | X CA Cancelled No Acti | on       | Required | FFI    | 0.07 | 0.00  | 0.00 |
| 001064 Harris, Janel Robyn | E19        | CAR FIRE CAR FIRE      | RS       |          | FFI    | 0.68 | 0.00  | 0.00 |
| 342 Jenacova, Donald A     | E27901     | CAR FIRE CAR FIRE      | FC       |          | CP     | 0.68 | 0.00  | 0.00 |
| 426 WHITEHEAD, JEREMIAH E  | E19        | X CAR FIRE CAR FIRE    | EN       |          | FFII   | 0.68 | 0.00  | 0.00 |
| 876 Eberhart, Marcus James | E19        | CAR FIRE CAR FIRE      | LS       |          | FFI    | 0.68 | 0.00  | 0.00 |
| 001069 Martinez, Fernando  | JK11s      | CAR FIRE CAR FIRE      | RS       |          | FFI    | 0.58 | 0.00  | 0.00 |
| 500 FLEMING, James K       | P4627 TK11 | CAR FIRE CAR FIRE      | FC       |          | CP     | 0.58 | 0.00  | 0.00 |
| 935 Wood, Lauren Elizabeth | TK11       | X CAR FIRE CAR FIRE    | EN       |          | FFE    | 0.58 | 0.00  | 0.00 |

Total Participants: 11

Total Personnel Hours: 4.74

An 'X' next to the unit denotes driver.

|                             |                                |                                                |                                             |                                             |                                  |                                        |                                 |                                                       |
|-----------------------------|--------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------------|----------------------------------|----------------------------------------|---------------------------------|-------------------------------------------------------|
| <div>FDID</div> <div></div> | <div>State</div> <div>GA</div> | <div>Incident</div> <div>MM</div> <div>8</div> | <div>Date</div> <div>DD</div> <div>13</div> | <div></div> <div>YYYY</div> <div>2018</div> | <div>Station</div> <div>19</div> | <div>Incident Number</div> <div></div> | <div>Exposure</div> <div></div> | <div>NFIRS - Involvement</div> <div>User Fields</div> |
|-----------------------------|--------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------------|----------------------------------|----------------------------------------|---------------------------------|-------------------------------------------------------|

|                                                      |                                                                  |                                 |                                    |
|------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------------------------|
| <div>Involvement</div> <div>Name :</div> <div></div> | <div>Involvement</div> <div>Type :</div> <div>Driver/Owner</div> | <div>Owner :</div> <div>X</div> | <div>Occupant :</div> <div>X</div> |
|------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------------------------|



**A**

|        |         |    |    |      |         |                   |            |                                                                    |                      |
|--------|---------|----|----|------|---------|-------------------|------------|--------------------------------------------------------------------|----------------------|
| FDID * | State * | MM | DD | YYYY | Station | Incident Number * | Exposure * | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | Insurance and \$Loss |
|        | GA      | 8  | 13 | 2018 | 19      | 1                 |            |                                                                    |                      |

**B Estimated Dollar Loss & Value**

|           | Pre-Incident Value | Estimated Loss | Insured Amount | Settlement Amount |
|-----------|--------------------|----------------|----------------|-------------------|
| Buildings | \$0.00             | \$0.00         | \$0.00         | \$0.00            |
| Vehicles  | \$20,000.00        | \$20,000.00    | \$0.00         | \$0.00            |
| Contents  | \$5,000.00         | \$5,000.00     | \$0.00         | \$0.00            |

**C<sub>1</sub> Insurance Company**

|                             |          |                                                                                                                   |  |
|-----------------------------|----------|-------------------------------------------------------------------------------------------------------------------|--|
| Geico                       |          |                                                                                                                   |  |
| Business name if applicable |          | Contact Name                                                                                                      |  |
| Street or highway           |          |                                                                                                                   |  |
| Post office box             |          | City                                                                                                              |  |
| State                       | Zip Code | Phone Number                                                                                                      |  |
| Agent Name                  |          |                                                                                                                   |  |
| Policy Number               |          | <input type="checkbox"/> Buildings <input checked="" type="checkbox"/> Vehicles <input type="checkbox"/> Contents |  |

# Transaction History

August 13, 2018 through September 07, 2018



[REDACTED]

| Date       | Description                                                                     | Status    | Currency | Gross   | Fee    | Net     |
|------------|---------------------------------------------------------------------------------|-----------|----------|---------|--------|---------|
| 08/15/2018 | Express Checkout Payment: Fashion Nova<br>ID: [REDACTED]                        | Completed | USD      | -38.99  | 0.00   | -38.99  |
| 08/15/2018 | General Credit Card Deposit<br>ID: [REDACTED]                                   | Completed | USD      | 38.99   | 0.00   | 38.99   |
| 08/19/2018 | General Payment: Katina King<br>ID: [REDACTED]                                  | Completed | USD      | 500.00  | -14.80 | 485.20  |
| 08/20/2018 | General Credit Card Withdrawal<br>ID: [REDACTED]                                | Removed   | USD      | -480.35 | -4.85  | -485.20 |
| 08/20/2018 | General Credit Card Withdrawal<br>ID: [REDACTED]                                | Completed | USD      | -480.35 | -4.85  | -485.20 |
| 08/26/2018 | Bank Deposit to PP Account<br>ID: [REDACTED]                                    | Pending   | USD      | 460.00  | 0.00   | 460.00  |
| 08/26/2018 | PreApproved Payment Bill User Payment: Airbnb Payments Inc.<br>ID: [REDACTED]   | Completed | USD      | -455.85 | 0.00   | -455.85 |
| 08/26/2018 | Bank Deposit to PP Account<br>ID: [REDACTED]                                    | Pending   | USD      | 455.85  | 0.00   | 455.85  |
| 08/29/2018 | Bank Deposit to PP Account<br>ID: [REDACTED]                                    | Completed | USD      | 460.00  | 0.00   | 460.00  |
| 08/29/2018 | General Credit Card Withdrawal<br>ID: [REDACTED]                                | Removed   | USD      | -247.50 | -2.50  | -250.00 |
| 08/29/2018 | General Credit Card Withdrawal<br>ID: [REDACTED]                                | Completed | USD      | -247.50 | -2.50  | -250.00 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -19.43  | 0.00   | -19.43  |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                   | Pending   | USD      | -19.43  | 0.00   | -19.43  |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                      | Completed | USD      | 19.43   | 0.00   | 19.43   |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -19.43  | 0.00   | -19.43  |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -19.43  | 0.00   | -19.43  |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -2.50   | 0.00   | -2.50   |

## Transaction History

August 13, 2018 through September 07, 2018



| Date       | Description                                                                        | Status    | Currency | Gross  | Fee  | Net    |
|------------|------------------------------------------------------------------------------------|-----------|----------|--------|------|--------|
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Pending   | USD      | -22.89 | 0.00 | -22.89 |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -22.89 | 0.00 | -22.89 |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                         | Completed | USD      | 22.89  | 0.00 | 22.89  |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber<br>Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -23.07 | 0.00 | -23.07 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Completed | USD      | -22.89 | 0.00 | -22.89 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Pending   | USD      | -10.59 | 0.00 | -10.59 |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -10.59 | 0.00 | -10.59 |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                         | Completed | USD      | 10.59  | 0.00 | 10.59  |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber<br>Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -10.59 | 0.00 | -10.59 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Completed | USD      | -10.59 | 0.00 | -10.59 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Pending   | USD      | -4.98  | 0.00 | -4.98  |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -4.98  | 0.00 | -4.98  |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                         | Completed | USD      | 4.98   | 0.00 | 4.98   |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber<br>Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -4.98  | 0.00 | -4.98  |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Completed | USD      | -4.98  | 0.00 | -4.98  |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Pending   | USD      | -12.64 | 0.00 | -12.64 |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -12.64 | 0.00 | -12.64 |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                         | Completed | USD      | 12.64  | 0.00 | 12.64  |



# Transaction History

August 13, 2018 through September 07, 2018



| Date       | Description                                                                     | Status    | Currency | Gross  | Fee  | Net    |
|------------|---------------------------------------------------------------------------------|-----------|----------|--------|------|--------|
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -12.64 | 0.00 | -12.64 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -12.64 | 0.00 | -12.64 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -13.79 | 0.00 | -13.79 |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                   | Pending   | USD      | -13.79 | 0.00 | -13.79 |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                      | Completed | USD      | 13.79  | 0.00 | 13.79  |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -5.00  | 0.00 | -5.00  |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -13.79 | 0.00 | -13.79 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -11.58 | 0.00 | -11.58 |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                   | Pending   | USD      | -11.58 | 0.00 | -11.58 |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                      | Completed | USD      | 11.58  | 0.00 | 11.58  |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -11.58 | 0.00 | -11.58 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -11.58 | 0.00 | -11.58 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -15.84 | 0.00 | -15.84 |
| 08/31/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                   | Pending   | USD      | -15.84 | 0.00 | -15.84 |
| 08/31/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                      | Completed | USD      | 15.84  | 0.00 | 15.84  |
| 08/31/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -15.84 | 0.00 | -15.84 |
| 08/31/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -15.84 | 0.00 | -15.84 |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -28.79 | 0.00 | -28.79 |

## Transaction History

August 13, 2018 through September 07, 2018



| Date       | Description                                                                        | Status    | Currency | Gross  | Fee  | Net    |
|------------|------------------------------------------------------------------------------------|-----------|----------|--------|------|--------|
| 09/01/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -28.79 | 0.00 | -28.79 |
| 09/01/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                         | Completed | USD      | 28.79  | 0.00 | 28.79  |
| 09/01/2018 | PreApproved Payment Bill User Payment: Uber<br>Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -28.79 | 0.00 | -28.79 |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Completed | USD      | -28.79 | 0.00 | -28.79 |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Pending   | USD      | -6.14  | 0.00 | -6.14  |
| 09/01/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -6.14  | 0.00 | -6.14  |
| 09/01/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                         | Completed | USD      | 6.14   | 0.00 | 6.14   |
| 09/01/2018 | PreApproved Payment Bill User Payment: Uber<br>Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -6.14  | 0.00 | -6.14  |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Completed | USD      | -6.14  | 0.00 | -6.14  |
| 09/01/2018 | PreApproved Payment Bill User Payment: Uber<br>Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -1.00  | 0.00 | -1.00  |
| 09/01/2018 | PreApproved Payment Bill User Payment: Phlearn<br>ID: [REDACTED]                   | Completed | USD      | -9.95  | 0.00 | -9.95  |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Pending   | USD      | -7.77  | 0.00 | -7.77  |
| 09/01/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -7.77  | 0.00 | -7.77  |
| 09/01/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                         | Completed | USD      | 7.77   | 0.00 | 7.77   |
| 09/01/2018 | PreApproved Payment Bill User Payment: Uber<br>Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -7.77  | 0.00 | -7.77  |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Completed | USD      | -7.77  | 0.00 | -7.77  |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                    | Pending   | USD      | -13.40 | 0.00 | -13.40 |
| 09/01/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                      | Pending   | USD      | -13.40 | 0.00 | -13.40 |



## Transaction History

August 13, 2018 through September 07, 2018



| Date       | Description                                                                     | Status    | Currency | Gross  | Fee  | Net    |
|------------|---------------------------------------------------------------------------------|-----------|----------|--------|------|--------|
| 09/01/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                      | Completed | USD      | 13.40  | 0.00 | 13.40  |
| 09/01/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -13.40 | 0.00 | -13.40 |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: 31N23866JS935680R          | Completed | USD      | -13.40 | 0.00 | -13.40 |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -11.82 | 0.00 | -11.82 |
| 09/01/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                   | Pending   | USD      | -11.82 | 0.00 | -11.82 |
| 09/01/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                      | Completed | USD      | 11.82  | 0.00 | 11.82  |
| 09/01/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -11.82 | 0.00 | -11.82 |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -11.82 | 0.00 | -11.82 |
| 09/01/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -16.45 | 0.00 | -16.45 |
| 09/01/2018 | Account Hold for Open Authorization: PayPal<br>ID: [REDACTED]                   | Pending   | USD      | -16.45 | 0.00 | -16.45 |
| 09/02/2018 | Reversal of General Account Hold: PayPal<br>ID: [REDACTED]                      | Completed | USD      | 16.45  | 0.00 | 16.45  |
| 09/02/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -16.45 | 0.00 | -16.45 |
| 09/02/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -16.45 | 0.00 | -16.45 |
| 09/02/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Pending   | USD      | -31.90 | 0.00 | -31.90 |
| 09/02/2018 | PreApproved Payment Bill User Payment: Uber Technologies, Inc<br>ID: [REDACTED] | Completed | USD      | -31.90 | 0.00 | -31.90 |
| 09/02/2018 | Bank Deposit to PP Account<br>ID: [REDACTED]                                    | Pending   | USD      | 31.90  | 0.00 | 31.90  |
| 09/02/2018 | General Authorization: Uber Technologies, Inc<br>ID: [REDACTED]                 | Completed | USD      | -31.90 | 0.00 | -31.90 |











# Wells Fargo Way2Save<sup>®</sup> Checking

Account number: [REDACTED] ■ July 28, 2018 - August 27, 2018 ■ Page 1 of 7



[REDACTED]  
[REDACTED]  
FAIRBURN GA [REDACTED]

## Questions?

Available by phone 24 hours a day, 7 days a week:

Telecommunications Relay Services calls accepted

**1-800-TO-WELLS** (1 800 869 3557)

TTY: 1 800 877 4833

En español: 1 877 727 2932

華語 1 800 288 2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo com

Write: Wells Fargo Bank N A (297)

P O Box 6995

Portland OR 97228 6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo com or call the number above if you have questions or if you would like to add new services.

|                    |                                     |                       |                                     |
|--------------------|-------------------------------------|-----------------------|-------------------------------------|
| Online Banking     | <input checked="" type="checkbox"/> | Direct Deposit        | <input checked="" type="checkbox"/> |
| Online Bill Pay    | <input checked="" type="checkbox"/> | Auto Transfer/Payment | <input checked="" type="checkbox"/> |
| Online Statements  | <input checked="" type="checkbox"/> | Overdraft Protection  | <input type="checkbox"/>            |
| Mobile Banking     | <input checked="" type="checkbox"/> | Debit Card            | <input type="checkbox"/>            |
| My Spending Report | <input checked="" type="checkbox"/> | Overdraft Service     | <input type="checkbox"/>            |



## IMPORTANT ACCOUNT INFORMATION

In the "Available balance, posting order, and overdrafts" section of the Deposit Account Agreement under the question "How do we process (post) transactions to your account?" we are replacing the paragraph beginning with "Your available balance will be reduced by pending withdrawals" to include a new fee waiver as follows:

Your available balance will be reduced by pending withdrawals, such as debit card transactions we have authorized and must pay when they are sent to us for payment. If your account has insufficient funds as reflected by your available balance, the bank may assess overdraft and/or non-sufficient funds (NSF) fees on transactions we pay or return during nightly processing. A pending transaction will typically remain pending until we receive it for payment from your account, but we must release the pending transaction hold after three business days for most transactions. These pending transactions may be sent to us for payment after they have dropped from your account, but we must pay them when we receive them for payment.

In some circumstances, previously authorized transactions may be paid into overdraft if other transactions or fees have reduced your balance before the pending transactions are sent to us for payment. To minimize the number of overdraft fees in these circumstances, we track transactions that reduced your available balance while pending and caused overdraft fees on other transactions. If these



**Transaction history (continued)**

| Date | Check<br>Number | Description                                                                                           | Deposits/<br>Additions | Withdrawals/<br>Subtractions | Ending daily<br>balance |
|------|-----------------|-------------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------|
| 8/13 |                 | Purchase authorized on 08/10 Shell Service Station Fairburn GA<br>[REDACTED] Card 4368                |                        | 2 41                         |                         |
| 8/13 |                 | Purchase authorized on 08/11 Sq *Myya Mixon 877 417 4551 GA<br>[REDACTED] Card 4368                   |                        | 25 00                        |                         |
| 8/13 |                 | Purchase authorized on 08/11 Journeys #1078 Douglasville GA<br>[REDACTED] Card 4368                   |                        | 114 95                       |                         |
| 8/13 |                 | Purchase authorized on 08/11 0420 Forever 21 Douglasville GA<br>[REDACTED] Card 4368                  |                        | 9 43                         |                         |
| 8/13 |                 | Purchase authorized on 08/12 Sqc*Square Cash 8774174551 CA<br>[REDACTED] Card 4368                    |                        | 20 00                        |                         |
| 8/13 |                 | ATM Withdrawal authorized on 08/12 3820 Camp Creek Pkwy S<br>Atlanta GA 0001849 ATM D 0534S Card 4368 |                        | 20 00                        |                         |
| 8/13 |                 | ATM Withdrawal authorized on 08/12 3820 Camp Creek Pkwy S<br>Atlanta GA 0001907 ATM D 0534S Card 4368 |                        | 20 00                        |                         |
| 8/13 |                 | Purchase authorized on 08/13 Bp#8138968Oakle Fairburn GA<br>[REDACTED] Card 4368                      |                        | 23 05                        |                         |
| 8/13 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                                     |                        | 8 00                         | 818 41                  |
| 8/14 |                 | Purchase authorized on 08/14 Marta Atlanta GA<br>[REDACTED] Card 4368                                 |                        | 5 00                         |                         |
| 8/14 |                 | Capital One Mobile Pmt 180812 [REDACTED]                                                              |                        | 46 59                        |                         |
| 8/14 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                                     |                        | 1 00                         | 765 82                  |
| 8/15 |                 | Recurring Payment authorized on 08/14 Netflix Com Netflix Com<br>CA [REDACTED] Card 4368              |                        | 13 99                        |                         |
| 8/15 |                 | Purchase authorized on 08/14 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368                     |                        | 0 85                         |                         |
| 8/15 |                 | Purchase authorized on 08/14 Enterprise Rent A Union City GA<br>[REDACTED] Card 4368                  |                        | 50 00                        |                         |
| 8/15 |                 | Recurring Transfer to [REDACTED] Way2Save Savings Ref<br>#Op04Yxj7x8 xxxxxx1444                       |                        | 500 00                       |                         |
| 8/15 |                 | Fedloanservicing Stdnt Loan [REDACTED] 6Mncqbk1071 [REDACTED]<br>[REDACTED] r                         |                        | 26 14                        |                         |
| 8/15 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                                     |                        | 2 00                         | 172 84                  |
| 8/16 |                 | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 08/16/18           | 250 00                 |                              |                         |
| 8/16 |                 | Purchase authorized on 08/14 Starbucks 800 782 7282 WA<br>[REDACTED] Card 4368                        |                        | 25 00                        |                         |
| 8/16 |                 | Purchase authorized on 08/14 Chick Fil A #00238 404 577 4194<br>GA [REDACTED] Card 4368               |                        | 8 74                         |                         |
| 8/16 |                 | Purchase authorized on 08/15 Paypal *Fashionnov 402 935 7733<br>CA [REDACTED] Card 4368               |                        | 38 99                        |                         |
| 8/16 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                                     |                        | 3 00                         | 347 11                  |
| 8/17 |                 | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 08/17/18           | 240 00                 |                              |                         |
| 8/17 |                 | Purchase authorized on 08/15 Chick Fil A #01577 770 892 3908<br>GA [REDACTED] Card 4368               |                        | 17 50                        |                         |
| 8/17 |                 | Purchase authorized on 08/16 USA*Southern Refre Tucker GA<br>[REDACTED] Card 4368                     |                        | 1 45                         |                         |
| 8/17 |                 | Save As You Go Transfer Debit to XXXXXXXXXXXX1444                                                     |                        | 2 00                         | 566 16                  |
| 8/20 |                 | Money Transfer authorized on 08/20 From [REDACTED] GA<br>[REDACTED] Card 4368                         | 480 35                 |                              |                         |
| 8/20 |                 | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 08/18/18           | 200 00                 |                              |                         |
| 8/20 |                 | Online Transfer From [REDACTED] Way2Save Savings xxxxxx1444 Ref<br># [REDACTED] on 08/20/18           | 450 00                 |                              |                         |
| 8/20 |                 | Purchase authorized on 08/16 Coweta Fayette Ele 770 2535626<br>GA [REDACTED] Card 4368                |                        | 124 00                       |                         |
| 8/20 |                 | Recurring Payment authorized on 08/17 AT&T *Payment<br>800 288 2020 TX [REDACTED] Card 4368           |                        | 19 25                        |                         |
| 8/20 |                 | Purchase authorized on 08/17 Sq *Myya Mixon 877 417 4551 GA<br>[REDACTED] Card 4368                   |                        | 175 00                       |                         |