

CL-10221665-6720

*FORWARD to Ron
Fields for response*

[REDACTED]
Hudson, FL [REDACTED]

2008 MAR 12 AM 8:06

Tel: [REDACTED]

E-mail: [REDACTED]

February 27th, 2008

NHTSA Headquarters
1200 New Jersey Avenue, SE
West Building
Washington, DC 20590

Gentlemen,

On November 08, 2007, I mailed the attached Priority Mail Letter to the Chairman of Ford Motor Company informing him of an accident that I was involved in and to let him know that the airbags did not inflate.

I was stopped in the middle of 2 lane country road (1 lane going north the other going south) to make a left turn behind a late model Toyota Avalon waiting for traffic to clear. I was rear-ended by a Dodge Pick-Up Truck and pushed forward into the rear of the Toyota Avalon.

I drove a 2000 Ford/Mercury; model Grand Marquis that was totaled by the impact. My big concern with Ford Motor Co. is the fact that the airbags did not inflate. My car was totaled and the Toyota in front of me needed \$10,000 repairs.

The airbags were a major reason that convinced me to purchase this heavy product initially, but its safety system (air bags) failed when needed. Perhaps you could look into this failure of the airbags and keep me informed of your investigation.

Mr. Clay Ford or the Ford Motor Co. never acknowledged receipt of my letter.
Thank you in advance for your cooperation.

Sincerely,

[REDACTED]

3 X Encl: US Postal Priority Mail confirmation #101895258
Letter to Mr. Clay Ford of Ford Motor
Hernando County Sheriffs Dept accident report

MC
03/12/08
KB

LAW ENFORCEMENT SHORT FORM REPORT
 DRIVER REPORT OF TRAFFIC CRASH
 DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 11/05/2007	TIME OF CRASH 12:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 12:02 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVE 12:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	INVEST AGENCY REPORT NUM 2007-38152	HSMV CRASH REPORT NUM
COUNTY / CITY CODE 4000	FEET or MILE(S) 6.00 MI	of S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CITY OR TOWN BROOKSVILLE	(Check if in City or Town)	COUNTY HERNANDO
AT NODE N or FEET or MILE(S)	FROM NODE N	NEXT NODE NO	NO. OF LANE 2	1. DIVIDED	OF STREET ROAD OR HIGHWAY SUNSHINE GROVE RD
AT THE INTERSECTION OF (street, road or	FEET	MILE(S)	S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FROM INTERSECTION OF (street, road or	

YEAR 1999	MAKE DODG	TYPE 01	VEH. LICENSE NUMBER	STATE FL	VEHICLE IDENTIFICATION NUMBER 1B7GL22X1XS	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE	1
EST. VEHICLE DAMA 2000			MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) TWENTY FIRST CENTURY INS CO OF CALIFORNIA		POLICY NUMBER	VEHICLE REMOVED BY DRIVER	1. Tow Rotation List 3. Driver 2. Tow Owner's Request/Other 3
NAME OF VEHICLE OWNE (Check Box if Same As Driver) [REDACTED]			CURRENT ADDRESS (Number and Street)		CITY AND STATE WEEKI WACHEE FL	ZIP CODE	
NAME OF DRIVER (Take From Driver License) [REDACTED]			CURRENT ADDRESS (Number and Street)		CITY AND STATE WEEKI WACHEE FL	DATE OF BIRTH	
DRIVER LICENSE NUMBER			STATE FL	DL TYPE E	DRIVER'S PHONE NO.	RACE W	SEX M
						INJ. 1	S. EQUIP. 2 4
						EJECT 1	

YEAR 2000	MAKE MERZ	TYPE 01	VEH. LICENSE NUMBER	STATE FL	VEHICLE IDENTIFICATION NUMBER 2MEFM74W0YX	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE	8
EST. VEHICLE DAMA 5000			MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) AIG PROF. INS CO		POLICY NUMBER	VEHICLE REMOVED BY AAA - OWNER CALLED	1. Tow Rotation List 3. Driver 2. Tow Owner's Request/Other 4
NAME OF VEHICLE OWNE (Check Box if Same As Driver) [REDACTED]			CURRENT ADDRESS (Number and Street)		CITY AND STATE HUDSON FL	ZIP CODE	
NAME OF DRIVER (Take From Driver License) [REDACTED]			CURRENT ADDRESS (Number and Street)		CITY AND STATE HUDSON FL	DATE OF BIRTH	
DRIVER LICENSE NUMBER			STATE FL	DL TYPE E	DRIVER'S PHONE NO.	RACE W	SEX M
						INJ. 1	S. EQUIP. 2
						EJECT 1	

YEAR 2007	MAKE TOYT	TYPE 01	VEH. LICENSE NUMBER 413JJK	STATE FL	VEHICLE IDENTIFICATION NUMBER 4T1BK36B07U250298	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE	8
EST. VEHICLE DAMA 4000			MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) INS. CO. OF THE STATE OF PENNSYLVANIA		POLICY NUMBER	VEHICLE REMOVED BY DRIVER	1. Tow Rotation List 3. Driver 2. Tow Owner's Request/Other 3
NAME OF VEHICLE OWNE (Check Box if Same As Driver) [REDACTED]			CURRENT ADDRESS (Number and Street)		CITY AND STATE HUDSON FL	ZIP CODE	
NAME OF DRIVER (Take From Driver License) [REDACTED]			CURRENT ADDRESS (Number and Street)		CITY AND STATE HUDSON FL	DATE OF BIRTH	
DRIVER LICENSE NUMBER			STATE FL	DL TYPE E	DRIVER'S PHONE NO.	RACE W	SEX M
						INJ. 1	S. EQUIP. 2
						EJECT 1	

#	PROPERTY DAMAGED - OTHER THAN VEHICLE	AMOUNT	OWNER'S NAME	CITY	STATE	ZIP
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VIOLATOR(S)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMB	CHARGE	CITATION NUMB
1		[REDACTED]	[REDACTED]	CARELESS DRIVING	2488-RGQ-X
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMB	CHARGE	CITATION NUMB

WITNESS - NAME (1)	ADDRESS	CITY	STATE	ZIP CODE	WITNESS - NAME (2)	ADDRESS	CITY	STATE	ZIP CODE
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INVESTIGATOR - RANK AND SIGNAT ANDREW, BATCHELDER	ID/BADGE NUMBER 538	DEPARTMENT HERNANDO COUNTY SHERIFFS OFFI	FHP	SO	PO	OTHER
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[REDACTED]
[REDACTED]
[REDACTED]
Hudson, FL

Tel: [REDACTED]

E-mail: [REDACTED]

November 5, 2007

Mr. William Clay Ford, Jr.
Chairman of the Board of Directors
One American Road
Dearborn, MI 48126

Dear Mr. Ford, Jr.

I wish to inform you that my wife and I bought a new Mercury, Grand Marquis on 05/30/2000 from AutoNation USA in Clearwater, Florida. I really enjoyed this car and I had no problems with it. On November 05, 2007 I was involved in an accident on a rural road in Brooksville, Hernando County, Florida. A car (Toyota) in front of me stopped to make a left turn and I (Grand Marquis) stopped behind the Toyota, also waiting to make a left turn, when I was rear-ended by a Dodge Pick-Up and pushed forward into the rear of the Toyota. Three (3) Hernando County Sheriff cruisers, one (1) Fire Rescue truck and two (2) ambulances responded to the call. The two (2) passengers in my car (Grand Marquis) were transported by ambulance to a local hospital and I declined medical attention on the scene. The insurance carrier declared the Grand Marquis a total loss.

The reason that I am writing to you is to let you know that, after being hit in the rear by a pick-up and then pushed forward and impacted the rear of the Toyota in front of me, the major safety system of my Grand Marquis, the airbags did not inflate. The airbags were a major reason that convinced me to purchase your product initially, but your safety system failed when needed. When I purchase another car, I will carefully consider this failure in making my decision if I should purchase another Ford product.

Perhaps you could look into this failure of your airbags and keep me informed of your investigation. The automobile is now in the possession of AIG Insurance. I also advised AIG Insurance that I would notify Ford Motor Co of the failure of the airbags.

Thank you in advance for your cooperation.

Sincerely,

[REDACTED]
Encl: Original Purchase Agreement
AIG Insurance Claim detail
Hernando County Sheriffs Dept accident report





Shipping History

[Redacted] - Account # [Redacted]

Label Order Information

Download Result: Insurance Claims New Search

Summary of Label # 2103 8555 7490 5103 1566

Date	Transaction #	Label #	SCAN Form #	Status
11/08/2007	101895258	2103 8555 7490 5103 1566 Track & Confirm	n/a	Completed, Waiver

Return Address:

[Redacted]
HUDSON, FL

Standardized Delivery Address: ?

MR. WILLIAM CLAY FOR
CHAIRMAN OF THE BOAR
1 AMERICAN RD
DEARBORN, MI 48126-2701

Package Information:

Weight: 0 lbs. 6 oz.
Shipping Date: 11/08/2007
ZIP Code™: 34667

Order Type: **Single Label**

Service Option: **Priority Mail First Rate Env
Signature Confirmation**

Price: **\$4.60
\$1.75**

Label Total: \$6.35

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