



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

28-OCT-2010

Repository

Reference No.
10362806

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	TAYLOR	State	MI
Zip Code	[REDACTED]		

Daytime Telephone Number	[REDACTED]	E-mail Address	
Evening Telephone Number			

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMYU02Z75D [REDACTED]		Make FORD	Model ESCAPE	Model Year 2005
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 15-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage 36000	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 2005 FORD ESCAPE. THE CONTACT STATED THAT WHEN HE ATTEMPTED TO FUEL THE VEHICLE, THE VEHICLE WOULD ACCEPT THE FUEL BUT THE PUMP WOULD TURN OFF ALTHOUGH THE VEHICLE WAS NOT FULL. THE FAILURE WAS INTERMITTENT. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE THE CONTACT WAS INFORMED THAT THE VENT LINE WAS THE CAUSE OF THE FAILURE; THE VEHICLE WAS REPAIRED AT THAT TIME. THE FAILURE CONTINUED TO OCCUR. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE THE CONTACT WAS INFORMED THAT THE FUEL TANK WAS DEFECTIVE AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE FAILURE CONTINUED TO OCCUR. THE VEHICLE WAS THEN TAKEN TO AN AUTHORIZED DEALER AGAIN WHERE IT WAS REPAIRED AGAIN. THE FAILURE PROGRESSED AFTER THE LAST REPAIR. THE CONTACT CALLED THE MANUFACTURER WHO TOOK A COMPLAINT AND ADVISED HIM THAT SOMEONE WOULD CALL HIM BACK. THE VEHICLE HAD NOT BEEN REPAIRED. THE CURRENT MILEAGE WAS APPROXIMATELY 50,000. THE FAILURE MILEAGE WAS APPROXIMATELY 36,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

This is an intermittent problem. Sometimes it will take gas ok and sometimes it will be very frustrating as pump will just keep cutting off no matter how fast or slow you pump it, or how far nose is in fill tube. Also tank does not have to be near full for this to happen, it could be almost empty. It is also not related to any specific gas station. Nothing the dealer has done has changed the situation. The dangerous part is when gas spits back at you!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



TAYLOR FORD

76436

125544

"We Service Before, During and After the Sale"

10725 S. TELEGRAPH RD. TAYLOR, MICHIGAN 48180

PHONE: (313) 291-0300

SERVICE DIRECT: (313) 291-0379

PARTS DIRECT: (313) 292-3773

www.shoptaylorford.com

INVOICE

PAGE 1

Registration NO. F 138123

P&A CODE 04501

TAYLOR, MI
HOME
BUS: CONT:N/A
CELL:

SERVICE ADVISOR: 60741 CHRISTOPHER GELETZK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
GRAY	05	FORD ESCAPE	1FMYU02Z75D		47605/47608	T823	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
15JAN05	DD01JAN05		17:00	04JAN10	0.00	CASH	04JAN10
R.O. OPENED	READY	ENG:2.3_Liter_DOHC					
08:06	04JAN10	14:19	04JAN10				

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
 A CUSTOMER STATES THAT WHEN FILLING CAR UP WITH FUEL PUMP KEEPS SHUTTING OFF 98.00DIAG
 3 ENGINE

24 PRESNELL, MATTHEW 9748 LIC#: M174355
 C 237.50 237.50
 PARTS: 0.00 LABOR: 237.50 OTHER: 0.00 TOTAL LINE A: 237.50

47608 2.50 EEC SEFLT EST PASS CODES. INSPECT VENT SYSTEM, PARTIALLY RESTRICTED. CLEAR OUR VENT HOSE, RELOATES HOSE TO POSINTION WHERE FORIEGN MATERAIL CANN'T GET IN., FILL WITH \$10 GAS O.K.

 B EPA DISOPSA, SOFTWARE EXPENSE, AND SHOP MATERIALS (RAGS, CLEANING FLUIDS, LUBRICANTS) 10% OF LABOR NOT TO EXCEED \$20.00
 SC EPA DISOPSA, SOFTWARE EXPENSE, AND SHOP MATERIALS (RAGS, CLEANING FLUIDS, LUBRICANTS) 10% OF LABOR NOT TO EXCEED \$20.00
 999 C 0.00 0.00
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

 C** 10.00 FUEL CHARGE
 NOTE NOTE!!!
 24 PRESNELL, MATTHEW 9748 LIC#: M174355
 C 0.00 0.00

SUBL FUEL
 C 10.00 10.00
 PARTS: 0.00 LABOR: 0.00 OTHER: 10.00 TOTAL LINE C: 10.00

 CUSTOMER PAY SHOP MAT. CHARGE FOR REPAIR ORDER 20.00

(CHECK / APPROPRIATE BOX)			ORIGINAL ESTIMATE (PARTS & LABOR)	ADD'L. REPAIRS	CUSTOMER ACCEPTANCE	DESCRIPTION	TOTALS	
<input type="checkbox"/> CLAIMS REVIEW	<input type="checkbox"/> AUTHORIZATION TO SUBMIT CLAIM	<input type="checkbox"/> PARTS SCRAP OUT	\$	OK'D BY X	X	LABOR AMOUNT		
			AUTHORIZED ADDITIONS	DATE	WAIVER LIMIT \$	PARTS AMOUNT		
			TOTAL		TIME	GAS, OIL, LUBE		
\$ PARTS	\$ LABOR	\$ TOTAL			REPLACED PARTS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBLET AMOUNT		
Authorized Signature and Date			X DENOTES A REMANUFACTURED PART	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED	STORAGE WILL BE CHARGED 48 HOURS AFTER REPAIRS ARE COMPLETED.	MISC. CHARGES		
ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.							TOTAL CHARGES	
X (SIGNED) DEALER, GENERAL MANAGER, OR AUTHORIZED PERSON (DATE)							LESS INSURANCE	
I hereby authorize the below repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. If an inspection is necessary to determine the extent of damage and recommended repairs are refused, or only partial repairs are made, we may not be able to restore the vehicle to its original working condition.							SALES TAX	
I HEREBY ACKNOWLEDGE AND AGREE TO ALL STATEMENTS CONTAINED HEREIN.							PLEASE PAY THIS AMOUNT	
CUSTOMER PAID LABOR CHARGES WARRANTED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST								
REPAIRS PROPERLY COMPLETED AND CHECKED BY: X								

CASH OR CREDIT CARD ACCEPTED



CUSTOMER COPY

"We Service Before, During and After the Sale"

CUSTOMER #: 76436

126370

10725 S. TELEGRAPH RD. TAYLOR, MICHIGAN 48180
 PHONE: (313) 291-0300
 SERVICE DIRECT: (313) 291-0379
 PARTS DIRECT: (313) 292-3773

INVOICE

www.shoptaylorford.com

PAGE 1

Registration NO. F 138123 P&A CODE 04501

TAYLOR, MI

HOME: [REDACTED] CONT: N/A
 BUS: [REDACTED] CELL:

SERVICE ADVISOR: 60741 CHRISTOPHER GELETZK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
GRAY	05	FORD ESCAPE	1FMYU02Z75T		48793/48793	T1540	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT	INV DATE
15JAN05	DE01JAN05		WAIT 23JAN10		0.00	CASH	12FEB10
R.O. OPENED	READY	ENG: 2.3 Liter DOHC					
09:44	23JAN10	10:50	12FEB10				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	E65						
CUST STATES THAT THE VEH WILL NOT TAKE FUEL AGAIN KEEPS SHUTTING OFF							
LD CUSTOMER TO RETURN LATER DATE							
24 PRESNELL, MATTHEW 9748 LIC#: M174355							
C							
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	0.00

48793 0.00 CUSTOMER WILL RETURN LATER DATE

B *****QUALITY REPAIR PROCESS*****MANAGER TO SIGN OFF BEFORE BOOKING. X

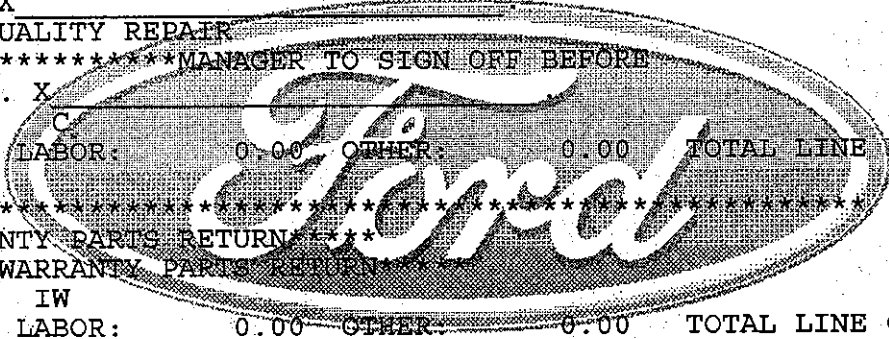
CR *****QUALITY REPAIR PROCESS*****MANAGER TO SIGN OFF BEFORE BOOKING. X

PARTS:	999	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00
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C *****FORD WARRANTY PARTS RETURN*****

W *****FORD WARRANTY PARTS RETURN*****

PARTS:	999	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00
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If you were happy with our service please tell a friend. If not please tell us !!! Our goal is to have our customers "COMPLETELY SATISFIED" Thank you Mark Madgwick Service Manager. 313-216-1590

Customer Signature X

(CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX)	ORIGINAL ESTIMATE (PARTS & LABOR) \$	ADD'L REPAIRS OK'D BY X DATE	CUSTOMER ACCEPTANCE X	DESCRIPTION	TOTALS
CLAIMS REVIEW <input type="checkbox"/>	AUTHORIZED ADDITIONS \$	DATE	WAIVER LIMIT \$	LABOR AMOUNT	0.00
AUTHORIZATION TO SUBMIT CLAIM <input type="checkbox"/>	TOTAL \$		TIME	PARTS AMOUNT	0.00
PARTS SCRAP OUT <input type="checkbox"/>			REPLACED PARTS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	GAS, OIL, LUBE	0.00
PARTS \$			STORAGE WILL BE CHARGED 48 HOURS AFTER REPAIRS ARE COMPLETED.	SUBLET AMOUNT	0.00
LABOR \$				MISC. CHARGES	0.00
TOTAL \$				TOTAL CHARGES	0.00
				LESS INSURANCE	0.00
				SALES TAX	0.00
				PLEASE PAY THIS AMOUNT	0.00

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

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

I hereby authorize the below repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. If an inspection is necessary to determine the extent of damage and recommended repairs are refused, or only partial repairs are made, we may not be able to restore the vehicle to its original working condition.

I HEREBY ACKNOWLEDGE AND AGREE TO ALL STATEMENTS CONTAINED HEREIN.

CUSTOMER PAID LABOR CHARGES WARRANTED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST

REPAIRS PROPERLY COMPLETED AND CHECKED BY: x mm

CASH OR CREDIT CARD ACCEPTED

CUSTOMER COPY



TAYLOR FORD

"We Service Before, During and After the Sale"

CUSTOMER #: 76436

127712

10725 S. TELEGRAPH RD. TAYLOR, MICHIGAN 48180

PHONE: (313) 291-0300

SERVICE DIRECT: (313) 291-0379

PARTS DIRECT: (313) 292-3773

www.shoptaylorford.com

RICK KROHN

8611 DUDLEY ST

TAYLOR, MI 48180-2868

HOME: 313-292-9123 CONT: N/A

BUS: 313-308-5579 CELL:

INVOICE

PAGE 1

Registration NO. F 138123

P&A CODE 04501

SERVICE ADVISOR: 60741 CHRISTOPHER GELETZK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
GRAY	05	FORD ESCAPE	1FMYU02Z75DA25220		50507/50507	T3488	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT	INV DATE
15JAN05	DE01JAN05		17:00 09MAR10		0.00	CASH	24MAR10
R/O OPENED	READY	ENG: 2.3 Liter DOHC					
09:37 27FEB10	12:52 24MAR10						

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

A CK AT TIMES WHEN TRYING TO FILL TANK PUMP WILL SHUT OFF, AT TIMES THERE WILL BE NO PROBLEM

3 ENGINE

24 PRESNELL, MATTHEW 9748 LIC#: M174355

IW

(N/C)

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

50507 0.00 REPLACE FUEL TANK WITH CUSTOMER SUPPLIED FUEL TANK.

B EPA DISOPSA, SOFTWARE EXPENSE, AND SHOP MATERIALS (RAGS, CLEANING FLUIDS, LUBRICANTS) 10% OF LABOR NOT TO EXCEED \$20.00

SC EPA DISOPSA, SOFTWARE EXPENSE, AND SHOP MATERIALS (RAGS, CLEANING FLUIDS, LUBRICANTS) 10% OF LABOR NOT TO EXCEED

\$20.00

999 IW

(N/C)

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



C** INSTALL CUST SUPPLIED GAS TANK, CUST ADVISE THAT NO GAURENTEE ON THIS WORKING

3 ENGINE

24 PRESNELL, MATTHEW 9748 LIC#: M174355

IW

(N/C)

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

50507 0.00 SEE REPAIR LINE "A".

(CHECK IN APPROPRIATE BOX)			ORIGINAL ESTIMATE (PARTS & LABOR)	ADD'L REPAIRS OR BY X	CUSTOMER ACCEPTANCE	DESCRIPTION	TOTALS
<input type="checkbox"/> CLAIMS REVIEW	<input type="checkbox"/> AUTHORIZATION TO SUBMIT CLAIM	<input type="checkbox"/> PARTS SCRAP OUT	AUTHORIZED ADDITIONS	DATE	X	LABOR AMOUNT	
PARTS LABOR TOTAL			TOTAL		WAIVER LIMIT \$	PARTS AMOUNT	
Authorized Signature and Date			X DENOTES A REMANUFACTURED PART	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED	TIME	GAS, OIL, LUBE	
ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.					REPLACED PARTS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBLET AMOUNT	
X (SIGNED) DEALER, GENERAL MANAGER, OR AUTHORIZED PERSON (DATE)					STORAGE WILL BE CHARGED 48 HOURS AFTER REPAIRS ARE COMPLETED.	MISC. CHARGES	
I hereby authorize the below repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. If an inspection is necessary to determine the extent of damage and recommended repairs are refused, or only partial repairs are made, we may not be able to restore the vehicle to its original working condition.						TOTAL CHARGES	
I HEREBY ACKNOWLEDGE AND AGREE TO ALL STATEMENTS CONTAINED HEREIN.						LESS INSURANCE	
REPAIRS PROPERLY COMPLETED AND CHECKED BY:						SALES TAX	
CUSTOMER PAID LABOR CHARGES WARRANTED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST						PLEASE PAY THIS AMOUNT	

xmm

CUSTOMER COPY

CASH OR CREDIT CARD ACCEPTED



TAYLOR FORD

"We Service Before, During and After the Sale"

10725 S. TELEGRAPH RD. · TAYLOR, MICHIGAN 48180
PHONE: (313) 291-0300
SERVICE DIRECT: (313) 291-0379
PARTS DIRECT: (313) 292-3773

www.shoptaylorford.com

Registration NO. F 138123 P&A CODE 04501

10436

133079

* INVOICE *

DUPLICATE 1
PAGE 1

SERVICE ADVISOR: 195 LARRY ADAMS

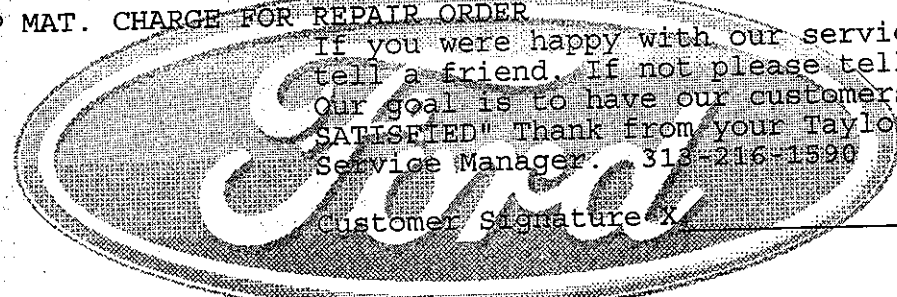
TAYLOR, MI
HOME
BUS: CONT:N/A
CELL:

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
GRAY	05	FORD ESCAPE	1FMYU02Z751		56967/56969	TT7527	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT	INV DATE
15JAN05	DD01JAN05		17:00 23JUN10		0.00	CASH	28JUN10
R.O. OPENED	READY	ENG:2.3_Liter_DOHC					
18:30 21JUN10	15:43 28JUN10						

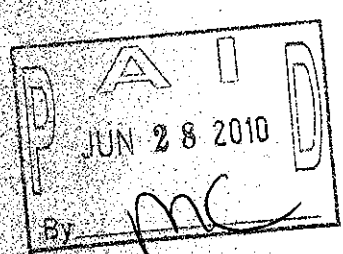
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUST STATES FUEL GAUGE IS INACCURATE SINCE LAST REPAIR CUST AUTHORIZES FUEL TO VERIFY REPAIROR 7 FUEL SYSTEM							
						150.00	150.00
					200.00	200.00	200.00
PARTS:					200.00		
					LABOR:	150.00	
					OTHER:	0.00	
					TOTAL LINE A:		350.00

56969 3.00 REPLACE DAMAGE FUEL TANK, INSPECT FLOAT FOR PROPER MOVEMENT ALL O.K.

CUSTOMER PAY SHOP MAT. CHARGE FOR REPAIR ORDER 15.00



If you were happy with our service please tell a friend. If not please tell us !!! Our goal is to have our customers "COMPLETELY SATISFIED" Thank from your Taylor Ford Service Manager. 313-216-1590



(CHECK / APPROPRIATE BOX)				ORIGINAL ESTIMATE (PARTS & LABOR)	ADD'L. REPAIRS OK'D BY X	CUSTOMER ACCEPTANCE X	DESCRIPTION	TOTALS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTHORIZED ADDITIONS	DATE	WAIVER LIMIT *	LABOR AMOUNT	150.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL		TIME	PARTS AMOUNT	200.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			REPLACED PARTS REQUESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GAS, OIL, LUBE	0.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			STORAGE WILL BE CHARGED 48 HOURS AFTER REPAIRS ARE COMPLETED.	SUBLET AMOUNT	0.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				MISC. CHARGES	15.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				TOTAL CHARGES	365.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				LESS INSURANCE	0.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				SALES TAX	12.90
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				PLEASE PAY THIS AMOUNT	377.90

ON BEHALF OF SERVICING DEALER I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

I HEREBY ACKNOWLEDGE AND AGREE TO ALL STATEMENTS CONTAINED HEREIN. I HEREBY AUTHORIZE THE BELOW REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON VEHICLE TO SECURE THE AMOUNT OF REPAIRS THEREON. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE BEYOND YOUR CONTROL. IF AN INSPECTION IS NECESSARY TO DETERMINE THE EXTENT OF DAMAGE AND RECOMMENDED REPAIRS ARE REFUSED, OR ONLY PARTIAL REPAIRS ARE MADE, WE MAY NOT BE ABLE TO RESTORE THE VEHICLE TO ITS ORIGINAL WORKING CONDITION.

CUSTOMER PAID LABOR CHARGES WARRANTED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST

REPAIRS PROPERLY COMPLETED AND CHECKED BY: *mm*



CUSTOMER COPY



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www.shoptaylorford.com

#: 76436

140236

INVOICE

PAGE 1

Registration NO. F 138123 P&A CODE 04501

SERVICE ADVISOR: 17700 MICHAEL MAUS

DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
15JAN05	DD01JAN05		18:00	12NOV10	90.00	CASH	12NOV10

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
 A CK- SOMETIMES HARD TO PUT FUEL IN TANK -SHUTS PUMP OFF -SOMETIMES TAKES 10 MIN TO PUT LESS THAN \$10.00 IN TANK SEE HISTORY
 NC NO CHARGE

24 PRESNELL, MATTHEW 9748 LIC#: M174355

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

64208 0.00 PERFORM EVAPP TEST PASSED, REMOVE FUEL VAPOR STORAGE CANISTER, CHECK FOR RESTRICTION, NONE FOUND. ADDED FUEL TWICE MONITER FUEL TANK PRESSURE SENSOR, VOLTS ONLY RAISED .6 VOLTS, WITHIN SPECS. STATION PUMP DID NOT KICK OFF AT ANY TIME. CANNOT DUPLICATES CONCERN AT TIME.

B CK- LACKS POWER ON ACCEL - SLIGHT NOISE IN ENGINE
 NC NO CHARGE

24 PRESNELL, MATTHEW 9748 LIC#: M174355

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

64208 0.00 EEC SELF TEST ALL PASS CODES RETRIEVED. ROAD TEST MONMITER FUEL PRESURE. PRESSURE VERIFIED ANY LACK OF POWER CONCERNS OR ABNORMAL ENGINE NOISE AT THIS TIME

C EPA DISOPSAL, SOFTWARE EXPENSE, AND SHOP MATERIALS (RAGS, CLEANING FLUIDS, LUBRICANTS) 10% OF LABOR NOT TO EXCEED \$20.00

SC EPA DISOPSAL, SOFTWARE EXPENSE, AND SHOP MATERIALS (RAGS, CLEANING FLUIDS, LUBRICANTS) 10% OF LABOR NOT TO EXCEED \$20.00

999 C

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

D** E42 ADVISE ON LOUD EXHAUST
 35 EXHAUST SYSTEM CONCERNS

(CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX)	ORIGINAL ESTIMATE (PARTS & LABOR)	ADD'L. REPAIRS BY DATE	CUSTOMER ACCEPTANCE	DESCRIPTION	TOTALS
CLAIMS REVIEW	AUTHORIZED ADDITIONS		X	LABOR AMOUNT	
AUTHORIZATION TO SUBMIT CLAIM	TOTAL		WAIVER LIMIT \$	PARTS AMOUNT	
PARTS SCRAP OUT			TIME	GAS, OIL, LUBE	
			REPLACED PARTS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBLET AMOUNT	
			STORAGE WILL BE CHARGED 60 HOURS AFTER REPAIRS ARE COMPLETED.	MISC. CHARGES	
				TOTAL CHARGES	
				LESS INSURANCE	
				SALES TAX	
				PLEASE PAY THIS AMOUNT	

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

I HEREBY AUTHORIZE THE BELOW REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON VEHICLE TO SECURE THE AMOUNT OF REPAIR THEREAFTER. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE BEYOND YOUR CONTROL. IF AN INSPECTION IS NECESSARY TO DETERMINE THE EXTENT OF DAMAGE AND RECOMMENDED REPAIRS ARE REFUSED, OR ONLY PARTIAL REPAIRS ARE MADE, WE MAY NOT BE ABLE TO RESTORE THE VEHICLE TO ITS ORIGINAL WORKING CONDITION.

I HEREBY ACKNOWLEDGE AND AGREE TO ALL STATEMENTS CONTAINED HEREIN.
 REPAIRS PROPERLY COMPLETED AND CHECKED BY: X



CUSTOMER COPY