

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                      |                          | <b>FOR AGENCY USE ONLY 100148</b>                                                                       |                                                                                    |
| <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                      |                          | <b>Date Received</b><br><div style="font-size: 1.5em; font-weight: bold;">JUN 08 2011</div> 16-MAY-2011 | <b>Repository</b> <input type="checkbox"/><br><br><b>Reference No.</b><br>10401000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                      |                          | <b>OWNER INFORMATION (Type or Print)</b>                                                                |                                                                                    |
| <b>Name</b> [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | <b>Daytime Telephone Number</b> [REDACTED]                                           |                          | <b>E-mail Address</b>                                                                                   |                                                                                    |
| <b>Address</b> [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | <b>Evening Telephone Number</b> [REDACTED]                                           |                          |                                                                                                         |                                                                                    |
| <b>City</b> DETROIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>State</b> MI                                                                                           | <b>Zip Code</b> [REDACTED]                                                           |                          |                                                                                                         |                                                                                    |
| <i>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).</i>                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br><div style="font-size: 1.2em; font-weight: bold;">1FTAX17L4XN [REDACTED]</div>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                      | <b>Make</b><br>FORD      | <b>Model</b><br>F-150                                                                                   | <b>Model Year</b><br>1999                                                          |
| <b>Date Purchased</b><br>1999 NEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Dealer's Name and Telephone Number</b>                                                                 |                                                                                      |                          | <b>Engine:</b><br>No: Cylinders                                                                         | <b>Fuel Type:</b>                                                                  |
| <b>Original Owner</b><br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Dealer's City</b> 313-355-3130<br>PAT MILLIKEN                                                         | <b>State</b> MI                                                                      | <b>Zip Code</b> 48239    | 8                                                                                                       | GAS                                                                                |
| <b>Transmission Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | <b>Powertrain</b>                                                                    | <b>Multiple Failure:</b> |                                                                                                         | <b>Incident Date(s)</b><br>12-MAY-2011                                             |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                      |                          | <b>Failure Mileage</b><br>109393                                                                        | <b>Failure Speed</b>                                                               |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| <b>Tire Make</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | <b>Tire Model (Name or Number)</b>                                                   |                          | <b>Tire Size (Example P215/65R15)</b>                                                                   |                                                                                    |
| <b>DOT No. (Example: DOTM9ABC036)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | <b>Failure Location:</b> |                                                                                                         |                                                                                    |
| <b>Tire Component Code</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                      |                          | <b>Tire Failure Type:</b>                                                                               |                                                                                    |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| <b>Make:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | <b>Date Manufactured:</b>                                                            |                          | <b>Model No./Name:</b>                                                                                  |                                                                                    |
| <b>Seat Type:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | <b>Installation System:</b>                                                          |                          |                                                                                                         |                                                                                    |
| <b>Child Seat Component Code:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | <b>Failed Part:</b>                                                                  |                          |                                                                                                         |                                                                                    |
| <b>APPLICABLE INCIDENT INFORMATION</b><br><i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| <b>Crash</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Fire</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                        | <b>Number of Persons Injured</b>                                                     | <b>Number of Deaths</b>  | <b>Reported to Police</b><br>N                                                                          |                                                                                    |
| <b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br>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 1999 FORD F-150. THE CONTACT STATED THE FUEL TANK WAS LEAKING; WHEN THE VEHICLE WAS INSPECTED HE NOTICED THAT THE FUEL TANK AND ONE OF THE STRAPS WERE CORRODED. THE VEHICLE WAS NOT REPAIRED. THE VIN INFORMATION WAS NOT AVAILABLE. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE AND THE CURRENT MILES WERE 109,393.                                                                                                                                                                                                                       |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| <div style="font-size: 1.2em; font-weight: bold;">GAS LEAKING POS, FIRE HAZZARD. PHOTO ENCLOSED,</div> <div style="font-size: 1.2em; font-weight: bold;">HAVE RETAINED PARTS.</div>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |
| 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. |                                                                                                           |                                                                                      |                          |                                                                                                         |                                                                                    |

CUSTOMER #: 2702208

278802



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Sales 313-255-3100 • Fax 313-255-1027

REG. NO. F-102265 P&amp;A CODE: 02741

\*INVOICE\*

PAGE 1

DETROIT, MI

HOME: [REDACTED] CONT:N/A

BUS: [REDACTED] CELL:

SERVICE ADVISOR: 6399 IAN MURPHY

| COLOR       | YEAR      | MAKE/MODEL       |                     | VIN                                  | LICENSE | MILEAGE IN/ OUT |          | TAG   |
|-------------|-----------|------------------|---------------------|--------------------------------------|---------|-----------------|----------|-------|
|             | 99        | FORD F150 PICKUP |                     | 1FTRX17L4XN                          |         | 109300/109300   |          | T2112 |
| DEL DATE    | PROD DATE | WARR EXP         | EST COMPLETION TIME | PO NO                                | RATE    | PAYMENT         | INV DATE |       |
| 01JAN99     | DD01JAN99 |                  | 17:00 17MAY11       |                                      |         | CASH            | 18MAY11  |       |
| R.O. OPENED |           | READY            |                     | OPTIONS: ENG:5.4_Liter_SEFI_SOHC_(W) |         |                 |          |       |

17:18 16MAY11 13:24 18MAY11

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

A FUEL SMELL OUTSIDE OF TRUCK-LEAKING-SLIGHT DAMP UNDER--POSSIBLE FROM  
TANK STRAP AREAT400 DIAGNOSED FUEL ODOR CONCERN-REPLACE FUEL  
TANK, PUMP, AND STRAPS-TEST OPERATION-NOTED  
ENGINE MISS

8226 MARZOUQ, MAJID M. LIC#: M147918

C

|   |               |                       |        |        |        |        |
|---|---------------|-----------------------|--------|--------|--------|--------|
|   |               |                       |        |        | 400.00 | 400.00 |
| 1 | F65Z*9054*EA  | STRAP ASY - FUEL TANK | 28.02  | 28.02  | 28.02  | 28.02  |
| 1 | F65Z*9054*EB  | STRAP ASY - FUEL TANK | 31.43  | 31.43  | 31.43  | 31.43  |
| 1 | F45B-9002     | FUEL TANK             | 369.64 | 369.64 | 369.64 | 369.64 |
| 1 | P74853S-9H307 | PUMP & SENDER         | 310.39 | 310.39 | 310.39 | 310.39 |

PARTS: 739.48 LABOR: 400.00 OTHER: 0.00 TOTAL LINE A: 1139.48

109300 DIAGNOSE AND REPLACE FUEL TANK, FUEL PUMP AND STRAPS. ENGINE  
HAS MISS.\*\*\*\*\*  
CUSTOMER PAY SHOP CHARGE FOR REPAIR OF FUEL TANK 20.00

Parts replaced on customer pay repairs are left in the vehicle or retained for your inspection for 48 hours in accordance with Michigan law.

If for any reason you are not "completely Satisfied" please contact me at 313-255-3100 Pat Lyons, Service Director

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                               |                          |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|--------------------------|-------------------------------|
| I hereby authorize the below repair work to be done along with necessary materials. Dealer and dealer employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express garage keeper's lien is acknowledged on vehicle to secure the amount of repairs thereto. Dealer 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, dealer may not be able to restore the vehicle to its original working condition. |  | PROGRAM CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AUTHORIZATION NO. | COMMITMENT NUMBER             | DESCRIPTION              | TOTALS                        |
| I HEREBY ACKNOWLEDGE AND AGREE TO ALL STATEMENTS CONTAINED HEREIN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DEALER PART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CUSTOMER REC.     | ORIGINAL EST. (with location) | AUTHORIZED ADD'L REPAIRS | ADD'L REPAIRS OR BY DATE TIME |
| CUSTOMER ACKNOWLEDGEMENT (ALL TERMS STRICTLY CASH)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | CUSTOMER PAID LABOR CHARGES WARRANTED FOR 12 MOS. OR 12,000 MILES, WHICHEVER OCCURS FIRST, UNLESS COVERED BY ANOTHER APPLICABLE EXTENDED WARRANTY                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                               | LABOR AMOUNT             | 400.00                        |
| SIGNATURE X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | ON BEHALF OF SERVING 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 SERVING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD. |                   |                               | PARTS AMOUNT             | 739.48                        |
| CERTIFICATION ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT, (P.A. 300)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | STORAGE WILL BE CHARGED 48 HOURS AFTER REPAIRS ARE COMPLETED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                               | GAS, OIL, LUBE           | 0.00                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                               | SUBLET AMOUNT            | 0.00                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X (SIGNED) DEALER, GENERAL MANAGER, OR AUTHORIZED PERSON (DATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                               | MISC. CHARGES            | 20.00                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X (SIGNED) CUSTOMER (DATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                               | SUBTOTAL                 | 1159.48                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | REPAIRS PROPERLY COMPLETED AND CHECKED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                               | LESS INSURANCE           | 0.00                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                               | SALES TAX                | 45.57                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                               | PLEASE PAY THIS AMOUNT   | 1205.05                       |

\*SUPPLIES - 10% of labor with a max. of \$20.00 is included for supplies used on your vehicle. Applicable supply items are: nuts, bolts, washers, tape, pins, shellac, solvent, rags, carburetor cleaner, towels, solder, battery cleaner, wire, window sealer, hazardous waste disposal, etc.



ROBERT A. FICANO  
County Executive

**Marianne Talon**  
Corporation Counsel

**Harnetha W. Jarrett**  
Deputy Corporation Counsel

**Kevin P. Kavanagh**  
Principal Attorney  
(313) 224-5030

May 20, 2011

Detroit, Michigan

Dear Wayne County Consumer,

Since its formation, the Wayne County Consumer Protection Task Force has been inundated with phone calls and requests for assistance through our web site. Due to the high volume of responses and financial cutbacks throughout county government, there was a considerable backlog of complaints that are now being addressed.

County Executive Robert Ficano has devoted additional attention and resources to Consumer Protection at this time, and we are not able to provide you with the proper direction to address your concern. We apologize for any inconvenience this delay may have caused. Please know that your case is important to us and we want to do whatever possible to help you resolve your problem.

Upon reviewing your complaint, at this time, we recommend you to contact the following agencies:

Detroit Legal Services Clinic  
Detroit Metropolitan Bar Association  
Volunteer Legal Services  
645 Griswold, Suite 1356  
Detroit, Michigan 48226  
Tel: 313-961-6120  
Website: [www.detroitlawyer.org](http://www.detroitlawyer.org)

DEPARTMENT OF CORPORATION COUNSEL  
500 Griswold, 11<sup>th</sup> Floor Detroit, Michigan 48226 • (313) 224-5030

