CL-10414729-3996

10

AUG 22 2011

Office of the General Counsel

Ford Motor Company
Claims Department
P.O. Box 70
Dearborn, Michigan 48121-0070

July 25, 2011

[redacted]
IMPERIAL, MO [redacted]

RE: 2000 F-SERIES
VIN: 1FTRX18L2YK[redacted]

Dear [redacted]

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a timely manner. To begin our evaluation, we will need the following documents:

- A complete description of the incident.
- A copy of the police and/or fire report.
- A copy of the vehicle title, bill of sale, and registration.
- A statement from insurance company indicating there are no pending claims and the reason for the denial.
- Color photographs of the vehicle showing the damaged areas (both sides of the vehicle, the entire engine and driver's side of the engine, the front of the vehicle with the hood open and closed); include your name and the last 6 digits of your VIN# on the back of each photograph.
- If you are claiming damages other than the vehicle, please provide the necessary pictures, receipts, and estimates to support your claim; include your name and the last 6 digits of your VIN# on the back of each photograph.
- If your vehicle is at the dealership, please provide a copy of the repair estimate. If your vehicle has been repaired please provide a copy of the repair order.
- A copy of this letter.

You may mail the documents to the address listed on this letter. **We will be unable to provide further assistance if you have settled this matter with your insurance, and should your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company contact us in writing at the address noted above notifying us of their intent to pursue subrogation.**

Please provide the following information. If you need additional space, please use the back of this form:

1. What was the date of the occurrence? 7-21-11
2. What was the mileage at the time of the occurrence? 160000

ET
090711
TGW

3. What is the alleged defect: Cruise Control - Brake Fluid

4. Has the alleged defective part been repaired or replaced? (circle one) Yes or No

5. What is the current location of the vehicle? [redacted] MO [redacted]

6. List all the after market additions or modifications that were made to the vehicle:

7. New Front bumper 12-2010

8. At the time of the fire, was the engine running? (circle one) Yes or No

9. What are you seeking from Ford Motor Company?

Compensation for all of the termoil and cost and aggervation this has had on me I am seeking $1500.00 at the least. This is a danger to any-one

Without the requested information will be unable to evaluate your claim. If you do not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be physically inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Please be advised that in the event this matter ends up in litigation, Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s). If you propose to repair the vehicle or conduct any other repairs you believe are related to this incident, such repairs may not be performed until after Ford Motor Company has conducted an inspection that may include the removal and testing of any component part that you claim is defective. If you want to repair your vehicle before we are able to physically inspect the vehicle or relevant component please submit a written request to me.

Thank you for your prompt attention to this matter.

Sincerely,

Maria Aguilera
Legal Analyst- OGC Product Claims

Plus the cost to fix my Ford F150 with faulty parts.

SUNSET FORD

11700 Gravois Road Saint Louis, Missouri 63127
Phone: (314) 843-4431 Fax:(314)467-1270
WWW.SUNSET-FORD.COM

RO: 103679
Cashier: 15:33-1
Date Out: 08/09/2011

OPEN
IN:0730OUT:1530

Customer: 8076 [redacted]
IMPERIAL MO [redacted]
Home: [redacted] Work: N/A
Advisor: 001150-Dennis L. Martin Hat: 1797 Date In: 07/26/2011

VIN:1FTRX18L2YKA[redacted]
2000 FORD F150
Miles-In: 0 Out: 0

OP	Acct	Tech	Hours	Complaint/Cause/Correction	Per Unit	Extended Price
				[CUSTOMER PAY]		
A	SRV	000484C		11FOZ	Labor Total:	499.80
	CUSTOMER STATES ENGINE CAUGHT ON FIRE CHECK AND ADVISE REPLACED MASTER CYLINDER AND BLED, REPAIRED WIRING TO CRUISE DEACTIVATION SWITCH, REPLACED SPEED CONTROL CABLE, REPLACED ARI FILTER HOUSING. ROAD TEST, TURN SIGNALS INOP. DIAGED TU RN SIGNALS, FOUND BLOWN FUSE IN CENTRAL JUNCTION BOX, REPLACED FUSE AND RETEST, OK.					
	1	SO	YL1Z2140AC	CYLINDER ASY - MASTER	174.21	174.21
	1	SO	XL3Z9A825BA	ACTUATOR ASY	24.96	24.96
	2		PM1C	FLUID - BRAKE	5.26	10.52
	1		F2UZ14526N	CIRCUIT BREAKER ASY	3.59	3.59
					Total Parts:	213.28
					Operation Total:	713.08

Cash $750.00

SO = Special Order Parts

Customer Pay Labor:	499.80
Customer Pay Parts:	213.28
Customer Pay Subtotal:	713.08
Customer Pay Sales Tax:	17.44
Customer Total Due:	730.52

The undersigned hereinafter call "Insured" for condiseration of repairs made to the above vehicle does hereby grant to Sunset Ford this Power of Attorney to sign or endorse any checks and/or drafts made payable to insured for repairs to damages on the above described automobile.

DISCLAIMER OF WARRANTIES: All warranties on this product are the manufacturer's. The seller SUNSET AUTO CO INC. hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and SUNSET AUTO CO INC. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the product.

Signature:_____

Thank you for allowing us to serve you!

SUNSET FORD

11700 Gravois Road Saint Louis, Missouri 63127
Phone: (314) 843-4431 Fax:(314)467-1270
WWW.SUNSET-FORD.COM

RO: B103643
Cashier: 15:49-1
Date Out: 08/05/2011

OPEN
IN:1225OUT:1548

Customer: 8076 [redacted]

IMPERIAL MO [redacted]

VIN:1FTRX18L2YK[redacted]
2000 FORD F150
Miles-In: 0 Out: 0

Home: [redacted] Work: N/A
Advisor: 001150-Dennis L. Martin Hat: 1797 Date In: 07/25/2011

OP	Acct	Tech	Hours	Complaint/Cause/Correction	Per Unit	Extended Price
				[CUSTOMER PAY]		
					Labor Total:	142.50
A	BSM	Multi B		98FOZ		
	CUSTOMER STATES BODY SHOP					
	TOW IN ENGINE FIRE					
		1		NPNCOUNTRYSIDE AIR CLEANER	93.75	93.75
		1		NPNCOUNTRYSIDE WIRE ASSEMBLY	93.75	93.75
					Total Parts:	187.50
	Sublet			PO: 35165 Non-Taxable: 154.00	Sublet:	154.00
					Operation Total:	484.00

Customer Pay Labor:	142.50
Customer Pay Parts:	187.50
Customer Pay Sublets:	154.00
Customer Pay Subtotal:	484.00
Customer Pay Sales Tax:	15.33
Customer Total Due:	499.33

The undersigned hereinafter call "Insured" for condiseration of repairs made to the above vehicle does hereby grant to Sunset Ford this Power of Attorney to sign or endorse any checks and/or drafts made payable to insured for repairs to damages on the above described automobile.

DISCLAIMER OF WARRANTIES: All warranties on this product are the manufacturer's. The seller SUNSET AUTO CO INC. hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and SUNSET AUTO CO INC. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the product.

Signature:_____

Thank you for allowing us to serve you!

Date: 7/27/2011 03:32 PM
Estimate ID: 8820
Estimate Version: 0
Preliminary
Profile ID: * ST. LOUIS

ATE IS COMPLETED AT THE CURRENT LOCAL RATE.
OTO NOTES FOR EXPLANATION.

Estimate Totals

Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	4.9	57.00	0.00	0.00	279.30
Mechanical	1.7	75.00	0.00	0.00	127.50
		Non-Taxable Labor			406.80
Labor Summary	6.6				406.80

Additional Costs	Amount
Total Additional Costs	0.00

II. Part Replacement Summary			Amount
Taxable Parts			334.39
Parts Adjustments			37.50
Sales Tax	@	8.491%	31.58
Total Replacement Parts Amount			403.47

IV. Adjustments	Amount
Insurance Deductible	750.00-
Customer Responsibility	750.00-

I.	Total Labor:	406.80
II.	Total Replacement Parts:	403.47
III.	Total Additional Costs:	0.00
	Gross Total:	810.27
IV.	Total Adjustments:	750.00-
	Net Total:	60.27

This is a preliminary estimate.

Additional changes to the estimate may be required for the actual repair.

Point(s) of Impact

16 Non-Collision (P)

Insurance Co: AAA of MO
Address: 12901 North Forty Drive
St Louis, MO 63141
Telephone: (800) 222-7623
Fax Phone: (314) 523-6999

Inspection Site: SUNSET FORD BODY SHOP
ST. LOUIS, MO
Inspection Date: 7/27/2011

Body Shop: SUNSET FORD BODY SHOP
Address: 11700 GRAVOIS RD.
ST. LOUIS, MO 63127
Telephone: (314) 843-4431

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURE OF YOU MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE PARTS MANUFACTURE OR DISTRIBUTOR RATHER THAN BY THE MANUFACTURE OF YOUR VEHICLE.
THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AN AUTOMOBILE

PART(S) NOT MADE BY THE ORIGNIAL EQUIPMENT MANUFACTURE. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE, KIND AND QUALITY IN TERMS OF FIT , QUALITY AND PERFORMANCE TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING. ALL AFTERMARKET PARTS INSTALLED ON THE VEHICLE SHALL BE CLEARLY IDENTIFIED ON THE REPAIR ESTIMATE

Date: 7/27/2011 03:32 PM
Estimate ID: 8820
Estimate Version: 0
Preliminary
Profile ID: * ST. LOUIS

THIS IS ONLY AN ESTIMATE OF DAMAGE.
THIS IS NOT A REPAIR AUTHORIZATION.

ACE APPRAISAL SERVICE

3111 HIGHWAY K, SULLIVAN, MO 63080
(314) 393-7211
Fax: (636) 629-1362
Email: aceappraisal@hughes.net

Damage Assessed By: STAN CAIN

Appraised For: JOYCE McCULLOUGH

Type of Loss: Fire

Condition Code: Good
Date of Loss: 7/21/2011
Deductible: 750.00
File Number: 8820
Claim Number: [redacted]

Insured: [redacted]
Telephone: Home Phone: [redacted]

Mitchell Service: 912623

Description: 2000 Ford Pickup F150 XLT
Body Style: 2D PkupXCb 7' Bed 139" WB
VIN: 1FTRX18L2YK[redacted]
OEM/ALT: O
Color: SILVER
Options: POWER LOCK, POWER WINDOW, POWER STEERING, MANUAL AIR CONDITION, CRUISE CONTROL
TILT STEERING COLUMN, ANTI-LOCK BRAKE SYS., POWER ADJUSTABLE EXTERIOR MIRROR
4WD OR AWD, TINTED GLASS, ANTI-THEFT SYSTEM, AM/FM STEREO CASSETTE
FRONT SPLIT BENCH SEAT, POWER ANTENNA, POWER DISC BRAKES
STEERING WHEEL MOUNTED CONTROLS, STEP BUMPER

Drive Train: 5.4L Inj 8 Cyl 4WD
License: [redacted] MO
Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	200063	BDY	REMOVE/INSTALL	Hood Assy			0.5
2	200218	MCH	REMOVE/REPLACE	Bleed ABS System -M			0.6
3	203076	MCH	REMOVE/REPLACE	Brake Master Cylinder -M	YL1Z 2140 AC	156.62	0.8
4	203655	MCH	REMOVE/REPLACE	Cruise Control Actuator Assy -M	XL3Z 9A825 BA	23.77	0.3
5	900500	BDY *	REMOVE/REPLACE	UNDERHOOD WIRING HARNESS	New	75.00	2.0*
6				QUOTE COUNTRYSIDE AUTO 800-358-8668		18.75	
7				Line Markup %25.00	101013	75.00 *	0.4 r
8	202253	BDY	REMOVE/REPLACE	Air Cleaner Assembly			
9				QUOTE-- MACK'S AUTO PARTS 800-961-8858		18.75	
10				Line Markup %25.00		4.00 *	0.0*
11	900500	BDY *	REMOVE/REPLACE	BRAKE FLUID	New		2.0*
12	900500	BDY *	ADD'L LABOR OP	CLEAN UP UNDERHOOD	Existing		

* - Judgment Item
r - CEG R&R Time Used For This Labor Operation

ESTIMATE RECALL NUMBER: 07/27/2011 15:32:04 8820

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *
05003	MO	07	21	2011	H4	11-0001773	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/[redacted] | Prefix | [redacted] Street or Highway | Street Type | Suffix

Apt./Suite/Room | Imperial City | MO State | [redacted] Zip Code

Cross street or directions, as applicable

C Incident Type *

131 Passenger vehicle fire
Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State
Their Incident Number

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
☒ Alarm *	07	21	2011	19:10:57
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	07	21	2011	19:16:35
CONTROLLED Optional, Except for wildland fires				
☒ Controlled	07	21	2011	19:18:00
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	07	21	2011	19:27:11

E2 Shift & Alarms

Local Option

C | ____ | 7140
Shift or Platoon | Alarms | District

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken*

87 Investigate fire out on
Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources*

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0001	0003
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $ ____ , 000 , 000		☐
Contents $ ____ , 000 , 000		☐

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000	☐
Contents $ ____ , 000 , 000	☐

Completed Modules

☒ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1* Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use*

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☒ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 419

1 or 2 family dwelling

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: Imperial

State: MO | Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip The rest of this section.

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

On 07/21/2011 at 19:10:57 dispatched To [redacted] /Imperial, MO [redacted] The location is a 1 family dwelling. The incident was determined to be a Passenger vehicle fire.

19:16:35 arrived on scene.

The following involvements were noted:

Name/Business Name	Involvement Type
[redacted]	Driver/Owner

The following actions were performed on scene:

Investigate fire out on arrival. Neighbor saw smoke from under the hood and extinguishes small area of fire around the master brake cylinder area. Neighbor then further cooled the area with water. Neighbor was about to disconnect the battery when we arrived. Vehicle was secure and no apparent danger existed anymore. 7144 returned in service.

Units responding were:
Unit 7144 responded.

19:27:11 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
71034	Vargo, Steven J.	CP	7144	07	21	2011

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
[X]	71034	Vargo, Steven J.	CP	7144	07	21	2011

[redacted]
Imperial, Mo [redacted]

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