

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

CL-1070 3669-3190

[REDACTED]
[REDACTED] Elkhart, Indiana [REDACTED]
[REDACTED]

MAR 31 2015

March 21, 2015

Greetings -

I am re sending this letter
as it was returned to sender from
the address provided from the
website.

Best,

[REDACTED]

[REDACTED]

NAM
4115
SMD

[REDACTED]
[REDACTED] Elkhart, Indiana [REDACTED]
[REDACTED]

December 16, 2014

Ford Motor Company
Customer Relationship Center
Post Office Box 6248
Dearborn, MI 48126

Dear Ford Customer Relationship Center

Re: 2005 Ford Explorer, VIN# 1FMDU63K15U [REDACTED]

On December 10, 2010, I had repaired my 2005 Ford Explorer with a new steering column at Harold Zeigler Ford in Elkhart Indiana.

Unfortunately, your product has not performed well because the gear shifter broke again for the 3rd time. The first occurred while my vehicle was still under warranty and was serviced in Charlottesville, Virginia. The second repair occurred in December 2010 and now again on November 12, 2014. I am highly disappointed because this is the 3rd time since I have owned the vehicle that the gear shifter has broke at an 'unserviceable' part where the entire steering column has to be replaced. I was disappointed in the customer service in dealing with this recent occurrence as this was not to the level of Ford quality I have been accustomed to. I question whether this defect is a faulty part recall issue.

To resolve the problem, as a loyal Ford customer, I would appreciate reimbursement (on parts, labor & tax) for the steering column replacement, both for December 2010 & December 2014 in the amount of \$2707.55 and reimbursement of \$439.43 which is the cost of the rental car used during such time as the dealer was not willing the use of a loaner. Enclosed are copies of my records.

I look forward to your reply and a favorable resolution to my problem and will wait until 14 business days from the date of this letter before seeking assistance from the Consumer Protection Division of the Indiana Attorney General's Office, Better Business Bureau & local news media.

Please contact me at the above address, email or via cell phone at [REDACTED]

Sincerely,
[REDACTED]

Enclosure(s)

cc: National Highway Transportation Safety Board
Harold Zeigler Ford

CUSTOMER #: [REDACTED]

[REDACTED]

**HAROLD
ZEIGLER
F O R D
ELKHART**

2525 BYPASS ROAD
P.O. BOX 308
ELKHART, IN 46515
(574) 294-1563
Toll Free South Bend
(574) 282-2329

INVOICE
DUPLICATE 1
PAGE 1

ELKHART, IN [REDACTED]
HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 396 JACK ALEXANDER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE	TAG	
	05	FORD EXPLORER	1FMDU63K15U [REDACTED]		88360/88360	T3980	
DEL DATE	PROD. DATE	WARR. EXP	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN05 DD			17:30 22DEC10		0.00	OA	31DEC10
R.O. OPENED	READY	OPTIONS: ENG:4.0_Liter_SOHC_FFV					
07:36 22DEC10	11:08 31DEC10						

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

A CUSTOMER STATES THAT THE GEAR SHIFTER IS BROKEN
62 DIAG AND REPAIR 227.50 227.50
44 C
1 5L2Z*3C529*A COLUMN ASY - STEERING 1504.97 1504.97 1504.97
SUBL TOWING
PO#70305 67.00 67.00
PARTS: 1504.97 LABOR: 227.50 OTHER: 67.00 TOTAL LINE A: 1799.47
88360 REPLACED THE STEERING COLUMN DUE TO NON SERVICEABLE PARTS.
TESTED OP-OK. NOTE:IF THE COLUMN WILL NOT COME OUT OF PARK,THE BRAKE
LIGHTS SHOULD BE CHECKED-SEE JACK.

B PERFORM ATW QUALITY CARE REPORT CARD, SEE SERVICE ADVISOR FOR
INSPECTION DETAILS
99P PERFORM ATW QUALITY CARE REPORT CARD, SEE
SERVICE ADVISOR FOR INSPECTION DETAILS
44 C
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

CUSTOMER PAY SHOP SUPPLIES FOR REPAIR ORDER 22.75
We want you to be COMPLETELY SATISFIED with
your overall experience. If you have ANY
questions please call our service department
Thank you for your business 574-294-1563

CUSTOMER

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and this company neither assumes, nor authorizes any other person to assume for it any liability in connection with the sale of said product or services.

PAID

I HAVE REC'D A COPY OF THIS REPAIR ORDER

X _____

DESCRIPTION	TOTALS
LABOR AMOUNT	227.50
PARTS AMOUNT	1504.97
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	67.00
MISC. CHARGES	22.75
TOTAL CHARGES	1822.22
LESS INSURANCE/DED.	42.01
SALES TAX	106.94
PLEASE PAY THIS AMOUNT	1887.15

OWNER OF VEHICLE:
 RENTAL ADDRESS:

ENTERPRISE LEASING COMPANY OF INDIANAPOLIS, LLC
 34999 US HIGHWAY 59, ELKHART, IN, 465173850 (574) 375-7820

MO 8:00 AM - 5:00 PM TU 8:00 AM - 6:00 PM WE 8:00 AM - 6:00 PM
 TH 8:00 AM - 6:00 PM FR 8:00 AM - 6:00 PM SA 9:00 AM - 12:00 PM
 SU CLOSED

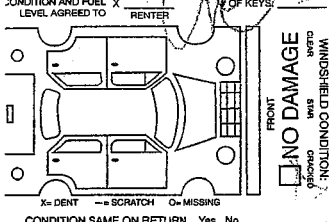
DATE IN RENTAL TYPE BUSINESS SOURCE # 177 TECH ID # 799 RENTAL AGREEMENT NO. [REDACTED]

DATE IN RENTAL TYPE BUSINESS SOURCE # 177 TECH ID # 799 RENTAL AGREEMENT NO. [REDACTED]

RT CHARGES IF DIFFERENT

ORIGINAL VEHICLE

COLOR [REDACTED] LICENSE NO. [REDACTED]
 MODEL [REDACTED] # [REDACTED]
 MILE-AGE IN [REDACTED] OUT [REDACTED]
 DRIVEN

CONDITION AND FUEL X LEVEL AGREED TO RENTER # OF KEYS: [REDACTED]

 NO DAMAGE
 X= DENT -> SCRATCH O= MISSING
 CONDITION SAME ON RETURN Yes No

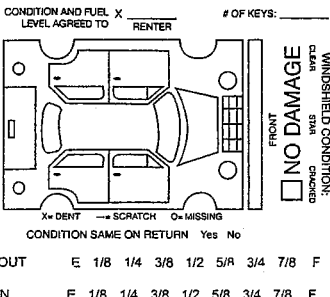
OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
 N E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

DAMAGE WAIVER (DW) DISCLOSURE:

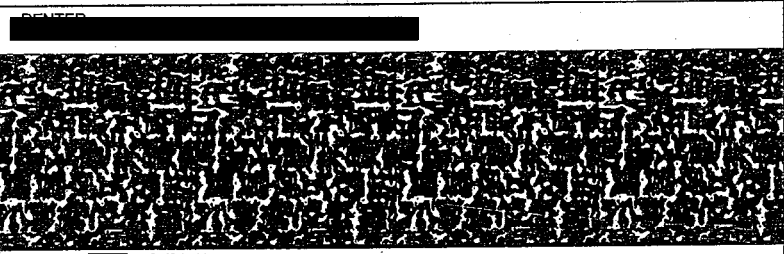
DW is optional. 2. DW entails an additional charge 3. The additional charge per day for DW is listed to the right. 4. Benefits of, and actions that invalidate, are on Page 3, paragraph 16. 5. Renter or other authorized driver may not be sufficiently covered for damage to vehicle and should examine the renter's authorized driver's automobile insurance policy to determine whether the policy provides coverage for damage, loss, or loss of use to a rented vehicle, and the amount of the deductible. 6. By entering into the rental agreement, the renter may be liable for damage, loss, or loss of use to rental vehicle. I have read and understand this disclosure: Renter X: [REDACTED]

REPLACEMENT VEHICLE

COLOR [REDACTED] LICENSE NO. [REDACTED]
 MODEL [REDACTED] ECAR# [REDACTED]
 MILE-AGE IN [REDACTED] OUT [REDACTED]
 DRIVEN

CONDITION AND FUEL X LEVEL AGREED TO RENTER # OF KEYS: [REDACTED]

 NO DAMAGE
 X= DENT -> SCRATCH O= MISSING
 CONDITION SAME ON RETURN Yes No

OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
 N E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F



BILL TO COMPANY
 ATTN: [REDACTED] PHONE [REDACTED] EXT. [REDACTED]

REFERENCE NUMBER: [REDACTED]

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. REQUEST OWNER'S PERMISSION TO ALLOW NO OTHER DRIVERS PERMITTED

WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF. I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT. LIFE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND [REDACTED]

PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S): IN

OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PARAGRAPH 6.	RENTER ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE NOTICE TO LEFT AND PARAGRAPH 16. DAMAGE WAIVER IS NOT INSURANCE.	RENTER: X
RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 9.	RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 9.	RENTER: X
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 7.	RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 7.	RENTER: X
RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 19.	RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 19.	RENTER: X

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE 'RENTER' UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.

RENTER [REDACTED] DATE 11/17/2014
 OWNER REP X [REDACTED] EMPL # E277MV

I WILL RETURN CAR BY:		DEPOSIT(S):	
DATE	TIME	AMOUNT	PAID BY
11/24/2014	5:30 PM	\$219.71	XXXXXXXXXX [REDACTED]
			11/17/2014

ADDITIONAL INFORMATION
 [REDACTED]

VEHICLE \$10.89/HOUR
 \$32.99/DAY
 \$197.94/WEEK
 \$771.76/MONTH
 \$0.20/MILE CHARGE ABOVE 2500/RENTAL

FUEL CHARGE \$5.05/GALLON

SALES TAX 7.00%/RENTAL
 RENTAL EXCISE TAX 4.00%/RENT

TOTAL CHARGES
 DEPOSITS
 REFUNDS
AMOUNT DUE

CLOSED BY			
PAID BY	CASH	CHECK	CHARGE
RECEIPT OF CASH REFUND	DATE	AMOUNT	RECEIVED BY

ENTERPRISE LEASING COMPANY OF INDIANAPOLIS,, 23283 US HIGHWAY 33, ELKHART, IN 465173650 (574) 875-7820

RENTAL AGREEMENT [REDACTED] REF# [REDACTED]

SUMMARY OF CHARGES

RENTER [REDACTED]

DATE & TIME OUT
11/17/2014 05:15 PM
DATE & TIME IN
12/01/2014 03:54 PM

BILLING CYCLE
24-HOUR

VEH #1 2014 TOYO RAV4 LE4W
VIN# JTMBFREV9EJ [REDACTED]
LIC# [REDACTED]
MILES DRIVEN 519

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	11/17 - 12/01	2	WEEK	\$197.94	\$395.88
REFUELING CHARGE	11/17 - 12/01				\$0.00
Subtotal:					\$395.88
Taxes & Surcharges					
RENTAL EXCISE TAX	11/17 - 12/01			4%	\$15.84
SALES TAX	11/17 - 12/01			7%	\$27.71
Total Charges:					\$439.43
Bill-To / Deposits					
DEPOSITS					(\$439.43)
Total Amount Due					\$0.00

PAYMENT INFORMATION
AMOUNT PAID TYPE
\$439.43 [REDACTED]

CREDIT CARD NUMBER
XXXXXXXXXXXX [REDACTED]

CUSTOMER #:

INVOICE

**HAROLD
ZEIGLER**
F O R D
ELKHART

2525 BYPASS ROAD
P.O. BOX 308
ELKHART, IN 46515
(574) 294-1563
Toll Free South Bend
(574) 282-2329

DUPLICATE 1
PAGE 1

ELKHART, IN
HOME:
BUS:

CONT:
CELL:

SERVICE ADVISOR: 2649 THOMAS DUKE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE	TAG	
	05	FORD EXPLORER	1FMDU63K15U		158402/158402	T1637	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN05 DD			17:30 19NOV14		0.00	SCP	01DEC14
R.O. OPENED	READY	OPTIONS: ENG:4.0_Liter_SOHC_FFV					
15:55 19NOV14	19:42 01DEC14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							
A SHIFTER IS BROKE ADVISE							
62 MISC REPAIR							
399 LAMBERT, ROBERT LIC#: 8090							
C							
1 MISC LKO USED STEERING COLUMN							
					550.00	495.00	495.00
PARTS:	495.00	LABOR:	400.00	OTHER:	0.00	TOTAL LINE A:	895.00
158402 PERFORMED DIAGNOSIS. REPLACED STEERING COLUMN ASSEMBLY.							

CUSTOMER PAY SHOP SUPPLIES FOR REPAIR ORDER							25.00

We want you COMPLETELY SATISFIED with your overall service experience. If you have ANY questions please call Troy Dzialak at 574-294-1563 Thank you for your business



CUSTOMER

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and this company neither assumes, nor authorizes any other person to assume for it any liability in connection with the sale of said product or services.

I HAVE REC'D A COPY OF THIS REPAIR ORDER

X

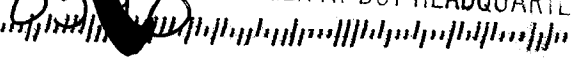
DESCRIPTION	TOTALS
LABOR AMOUNT	400.00
PARTS AMOUNT	495.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	25.00
TOTAL CHARGES	920.00
LESS INSURANCE/DED.	134.25
SALES TAX	34.65
PLEASE PAY THIS AMOUNT	820.40



Elkhart, IN [Redacted]

National Highway Traffic Safety Administration
1200 New Jersey Ave, SE
West Bldg
Washington, D.C. 20590

RETURN TO SENDER
ADDRESSEE UNKNOWN
ADDRESSEE NOT AT THIS LOCATION
UNABLE TO LOCATE
INSUFFICIENT INFORMATION
NO LONGER AT DOT HEADQUARTERS



PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY MAIL
POSTAGE REQUIRED

PRIORITY[®] ★ MAIL ★

 DATE OF DELIVERY SPECIFIED*

 USPS TRACKING[™] INCLUDED*



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 UNITED STATES POSTAL SERVICE Retail

P US POSTAGE PAID
\$5.75

Origin: 48528
1.56 oz.
03/24/15
1733040336-02 1006

PRIORITY MAIL[®] 2-DAY

Expected Delivery Day: 03/26/15

USPS TRACKING NUMBER



FROM:

Elkhart IN

TO: US Dept of Transportation
N HTSA

Office of Defect Investigation (NVS-210)
1200 New Jersey Ave, SE
West Bldg

Washington D.C. 20590

W48220

VISIT US AT USPS.COM[®]
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POSTAL SERVICE[®]