[redacted]
East Setauket, NY
[redacted]

November 26, 2018

Administrator, National Highway Safety Administration
1200 New Jersey Avenue SE
Washington, DC 201590

RE: 2007 Milan – 3MEHM08107R[redacted]

Dear Administrator,
I received the enclosed letter, date August 2018, alerting me to fact that my 2007 Mercury Milan required a recall for the driver side airbag. I contacted Ford Motor Company that set up a Case number [redacted] and referred me to Ford of Smithtown. I met with James Barbari – see card enclosed- and completed paperwork to get reimbursed for a rental car until the airbag was replaced. I rented a car at my own expense in August and September. I was advised by James Barbari that I would be reimbursed at the rate of $44/day for the rental. I submitted the paperwork to James Barbari on a monthly basis and was contacted in early October that the airbag was available to be replaced. I brought my car into Ford of Smithtown and had the airbag replaced at no charge.

To date I have not received the reimbursement for the rental car. I was advised by my lawyer to take advantage of the rental car offer because if something happened to my passenger and I did not take advantage of the rental car offer, I would probably be held liable. I acted in good faith and have not yet been reimbursed, approximately $2000.

I called Ford Motor Company and was given another Case Number [redacted] and was told that the reimbursement would be sent to Ford of Smithtown within 2 – 6 weeks of having the airbag replaced (10/11/18). They could not tell me when the money would be sent to Ford of Smithtown. When I called James Barbari, I was told that he could not reimburse me until he received the money from Ford Motor Company. As you can see I am in a Catch-22. The last phone call and fax (enclosed) sent to Ford of Smithtown have not been responded to.

I am the lowly consumer. I don't feel that it is appropriate that I should be on the hook for $2000 because I chose to keep my passengers safe. I sincerely appreciate your assistance.

Sincerely,

[redacted]

NEW YORK STATE OF OPPORTUNITY. **Department of Motor Vehicles**

NYS Department of Motor Vehicles
P.O. Box 2955
Albany, NY 12220-0955

WHAT YOU NEED TO KNOW

- Your 2007 Milan has an urgent airbag recall.
- The airbag could injure or even kill you and your passengers.
- The repair is **FREE** at a Ford Motor Company authorized dealership.
- **Call 1-866-436-7332** for more information or to schedule a **FREE** repair.

August 2018

[redacted]

771177611007 A/38973/009744/0040

[redacted]

EAST SETAUKET, NY [redacted]

URGENT SAFETY RECALL: IMMEDIATE ACTION REQUIRED!

This notice applies to a vehicle registered in your name:
3MEHM08107R[redacted] - 2007 Milan

Dear [redacted]

The Department of Motor Vehicles (DMV) is contacting you personally because your 2007 Milan has a recalled airbag that could **kill or seriously injure you and your passengers** if it deploys.

The DMV has received information from Ford Motor Company that the 2007 Milan that is currently registered in your name with the Vehicle Identification Number (VIN) 3MEHM08107R[redacted] has been recalled. If the airbags deploy, in some cases the airbags may explode and spray sharp metal fragments or shrapnel toward you and your passengers.

According to records from Ford Motor Company, your vehicle has not been repaired yet. The potentially lifesaving repair is **FREE** and parts are available now. A **FREE** loaner car, towing service or other alternative transportation **MAY** be available to assist with any inconvenience this repair may cause. Please **immediately call 1-866-436-7332** for more information or to schedule a **FREE** repair.

What should you do?

- **Immediately** contact a local Ford Motor Company dealership to schedule a **FREE** repair. Ask for alternative transportation, if needed.
- Visit www.Fordowner.com or **call 1-866-436-7332** to find your nearest Ford Motor Company dealership.

Called 10/29 -
1 wk - 2 mos

[redacted]

What should you do? (continued)

- *If you think you have already taken action on this recall*, visit www.nhtsa.gov/recalls and enter your vehicle's VIN to verify and ensure that no other recalls have been issued for your vehicle.

Ford Motor Company is one of 19 vehicle manufacturers affected by this recall. The National Highway Traffic Safety Administration reports 15 confirmed deaths in the United States and hundreds of alleged injuries resulting from this defect.

Please encourage your family and friends to check for vehicle safety recalls using their VIN at nhtsa.gov/recalls or airbagrecall.com.

You and your family's safety on New York's roadways is our top priority. **Please act NOW to protect yourself and your passengers.**

If you believe that Ford Motor Company or your Ford Motor Company retailer has failed, or is unable to remedy the defect without charge within a reasonable time, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue S.E., Washington, DC 20590, or you may call the toll-free Vehicle Safety Hot Line at 1–888-327-4236 (TTY: 1-800-424-9153), or go to NHTSA.gov.


JAMES BARBARI
Service Advisor
Ford
LINCOLN
Smithtown
440 East Jericho Tpke,
Saint James, NY 11780
jbarbari@fordofsmithtown.com
t: 631.265.2688 x624
f: 631-337-1195

Restricted Vehicle Use Agreement

I [redacted] am the owner or lessee of a 2007 Mercury Milan
Vehicle Owners Name *Model Year* *Make and Model*

3MEHM08107R[redacted] 67629
VIN *Current Odometer*

I am aware that my vehicle is subject to an airbag safety recall and that parts are not currently available to complete this safety recall repair on my vehicle. An authorized Ford or Lincoln dealer is providing me with a rental vehicle until parts are available to complete the recall repair on my vehicle.

I understand that the dealership is not responsible for storage of my vehicle. Therefore, I am maintaining possession and responsibility of my vehicle and will store it at my home or other secure location.

As soon as parts become available to complete the recall repair, the dealer will contact me to request that I promptly bring my vehicle in for the repair. The rental vehicle will need to be returned once the recall repair has been completed.

I agree to the following:

- *Because Ford is providing a rental vehicle, I agree not to use, or allow anyone else to use my vehicle until the recall repair has been completed other than driving my vehicle to the location where it will be stored until parts are available and subsequently to the dealer to have the recall repair completed.*
- My vehicle will be driven directly home or to a secure storage location of my choice.
- I will ensure that my vehicle's keys are secure and inaccessible to others.
- While my vehicle is in storage, I am responsible for all vehicle upkeep and security.
- I will promptly bring my vehicle to the dealership for the recall repair upon notification that parts are available.
- *I will bring my vehicle to the dealership for repair promptly upon receiving notification from Ford that parts are available and I will return the rental vehicle the same day the repair has been completed, or I will be responsible for payment for all rental charges after the date the repair has been completed.*

By signing below, I expressly agree to all of the terms and conditions set forth herein.

[redacted] [redacted] 7/23/18
Name (print) *Signature* *Date*

[redacted] Setauket NY [redacted]
Street Address *City* *State* *Zip*

Transmission Report

Date/Time 08-02-2018 11:00:22 a.m.
Local ID 1 [redacted]

Transmit Header Text
Local Name 1 NEUROLOGICAL SURGERY

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
STONY BROOK, NY [redacted]
PHONE: [redacted] FAX: [redacted]
WEB ADDRESS: [redacted]
Email: [redacted]

To	James Barbari	From:	[redacted]
Fax	~~631-997-1105~~ 656-8544	Pages:	6
Phone:	631-265-2688 (x624)	Date:	August 2, 2018
Re:	Ford Recall – Rental Car	cc:	

Comments:

Dear Jim, Attached is the rental agreement from Enterprise as part of the offer from Ford due to the airbag recall for my 2007 Mercury Milan (VIN: 3MEHM08107R[redacted]). Please process the paperwork necessary for me to get reimbursed. My case number with Ford is CAS[redacted]

Sincerely, [redacted]

Total Pages Scanned : 6 Total Pages Confirmed : 6

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	[redacted]	6312653249	10:38:35 a.m. 08-02-2018	00:02:55	6/6	1	EC	HS	CP14400

Abbreviations:

HS: Host send	PL: Polled local	MP: Mailbox print	CP: Completed	TS: Terminated by system
HR: Host receive	PR: Polled remote	RP: Report	FA: Fail	G3: Group 3
WS: Waiting send	MS: Mailbox save	FF: Fax Forward	TU: Terminated by user	EC: Error Correct

[redacted]

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
[redacted]
STONY BROOK, NY
PHONE: [redacted] FAX: [redacted]
WEB ADDRESS: [redacted]
Email: [redacted]

To	James Barbari	From:	Elizabeth Bosler
Fax	631-~~337-1195~~ 656-8544	Pages:	6
Phone:	631-265-2688 (x624)	Date:	August 2, 2018
Re:	Ford Recall – Rental Car	cc:	

Comments:

Dear Jim, Attached is the rental agreement from Enterprise as part of the offer from Ford due to the airbag recall for my 2007 Mercury Milan (VIN: 3MEHM08107R[redacted]. Please process the paperwork necessary for me to get reimbursed. My case number with Ford is CAS[redacted]

Sincerely , [redacted]

10/18/18
CAS CAS [redacted]

[redacted]
Lawsuit

Gmail [redacted]

Enterprise Rental Agreement [redacted]

1 message

DoNotReply@enterprise.com <DoNotReply@enterprise.com> Wed, Aug 1, 2018 at 5:46 PM
To: [redacted]

enterprise

Hi, [redacted] Thanks for choosing Enterprise!

This email is not your Rental Agreement. Attached is your full Rental Agreement and Terms and Conditions for RA # [redacted] from PORT JEFFERSON STATION.

Rental Agreement Summary

RA#: [redacted]
Renter: [redacted]

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.

(Additional driver names listed here if applicable)

Dates & Times	Location
Wednesday, August 1, 2018 5:42 PM	PORT JEFFERSON STATION 320 ROUTE 112 PORT JEFFERSON STATION, NY 11776-1010 (631) 474-2100
Friday, August 31, 2018 5:00 PM	PORT JEFFERSON STATION 320 ROUTE 112 PORT JEFFERSON STATION, NY 11776-1010 (631) 474-2100

[redacted]

Dates & Times

Location

Vehicle

Make / Model: HYUN / ELAN
Color: RED MED
Mileage: 15346
Fuel: 5/8
License #:
Vehicle #: [redacted]

Terms and Conditions
Click to view Terms and Conditions

For questions or concerns regarding your rental please contact us at (631) 474-2100

5 attachments

noname
1K

noname
1K

noname
4K

noname
1K

Enterprise Rental Agreement [redacted] pdf
31K

[redacted]

[redacted]

enterprise

Rental Agreement Summary
RA#: [redacted]
Renter: [redacted]

Dates & Times

Pick up

Wednesday, August 1, 2018 5:42 PM
Start Charges:
Wednesday, August 1, 2018 5:42 PM

Location

320 ROUTE 112
PORT JEFFERSON
STATION, NY 11776-1010
(631) 474-2100

Anticipated Return

Friday, August 31, 2018 5:00 PM

320 ROUTE 112
PORT JEFFERSON
STATION, NY 11776-1010
(631) 474-2100

Vehicle

2018 HYUN ELAN 4SLZ RED MED
VIN: 5NPD84LF4JH[redacted]
License: PA [redacted]
Vehicle: [redacted]

Pickup:
08/01/2018 @ 5:42 PM

ODO:15346 Fuel:5/8

Vehicle Condition:

NO DAMAGE DOCUMENTED

Summary of Charges

Estimated Renter Charges

Charges	Price/Unit	Total
TIME & DISTANCE 8/1/18-8/31/18	$901.99 / Month	$901.99
NO CHARGE DISTANCE 8/1/18-8/31/18	$0.00 / Mile	$0.00
REFUELING CHARGE	$4.19 / Gallons	$0.00

Optional Protections Accepted

No optional protections accepted.

Optional Protections Declined

SUPPLEMENTAL LIABILITY PROTECTION	30 @ $16.50 / Day	$0.00
PERSONAL ACCIDENT INS/EFFECTS CVG	30 @ $7.40 / Day	$0.00
ROADSIDE ASSISTANCE PROTECTION	30 @ $4.99 / Day	$0.00
DAMAGE WAIVER	30 @ $8.99 / Day	$0.00

Renter Acknowledgement of Accepted and Declined Protections

I acknowledge that I have accepted or declined protections as indicated above.

[redacted]

Taxes and Fees

CAR RENTAL SALES TAX (11%)	11%	$99.22
SALES TAX (8.625%)	8.625%	$77.80
Total Estimated Charge:		$1079.01

Payments:

VISA **** [redacted]	Auth	($1329.00)

Renter Acknowledgement of Charges

I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Terms and Conditions of this Rental Agreement.

[redacted]

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

NO SMOKING/PETS. $250 FINE

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

Owner: ELRAC, LLC

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
(Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

NOTICE: THIS CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, OPTIONAL VEHICLE PROTECTION TO COVER YOUR FINANCIAL RESPONSIBILITY FOR DAMAGE OR LOSS TO THE RENTAL VEHICLE. THE PURCHASE OF OPTIONAL VEHICLE PROTECTION IS OPTIONAL AND MAY BE DECLINED. YOU ARE ADVISED TO CAREFULLY CONSIDER WHETHER TO PURCHASE THIS PROTECTION IF YOU HAVE RENTAL VEHICLE COLLISION COVERAGE PROVIDED BY YOUR CREDIT CARD OR AUTOMOBILE INSURANCE POLICY. BEFORE DECIDING WHETHER

TO PURCHASE OPTIONAL VEHICLE PROTECTION, YOU MAY WISH TO DETERMINE WHETHER YOUR CREDIT CARD OR YOUR VEHICLE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF DEDUCTIBLE UNDER SUCH COVERAGE.

ATTENTION: ENTERPRISE PURCHASES NO THIRD-PARTY INSURANCE COVERING THIS RENTAL, BUT PROVIDES ITS RENTERS AND AUTHORIZED DRIVERS WITH MINIMUM LIABILITY COVERAGE, AS REQUIRED BY THE NEW YORK VEHICLE AND TRAFFIC LAW. THOSE COVERAGES ARE: $25,000 PER ACCIDENT FOR BODILY INJURY TO ONE INDIVIDUAL/ $50,000 PER ACCIDENT FOR BODILY INJURY TO MORE THAN ONE INDIVIDUAL; $50,000 PER ACCIDENT FOR THE DEATH OF ONE INDIVIDUAL/$100,000 PER ACCIDENT FOR THE DEATH OF MORE THAN ONE INDIVIDUAL; $10,000 PER ACCIDENT FOR INJURY TO OR DESTRUCTION OF PROPERTY. IN ADDITION, TO THE EXTENT REQUIRED BY LAW, ENTERPRISE WILL DEFEND THE RENTER AND AUTHORIZED DRIVERS FROM ALL CLAIMS OF THIRD PARTIES ALLEGING BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF THE OPERATION OF THE RENTAL VEHICLE. IF ADDITIONAL LIABILITY COVERAGE IS DESIRED YOU MAY PURCHASE SUPPLEMENTAL LIABILITY COVERAGE FROM ENTERPRISE AT AN ADDITIONAL COST.

OPTIONAL PRODUCTS NOTICE: IN ADDITION TO DAMAGE WAIVER DESCRIBED ABOVE LEFT, WE ALSO OFFER, FOR AN ADDITIONAL CHARGE, THE FOLLOWING OPTIONAL PRODUCTS: PERSONAL ACCIDENT INSURANCE, SUPPLEMENTAL LIABILITY PROTECTION AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE, CREDIT CARD OR OTHER COVERAGE PROVIDES YOU PROTECTION DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE PRODUCTS IS NOT REQUIRED TO RENT VEHICLE.

RENTER ACKNOWLEDGEMENT OF LOCAL ADDENDUM

[redacted]

TERMS AND CONDITIONS

Click to view Terms and Conditions

FORM# 24NYAIR-JK_UC18v2

RENTER ACKNOWLEDGEMENT OF THE ENTIRE AGREEMENT

I, THE "RENTER" SIGNING BELOW, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS IN THE RENTAL AGREEMENT JACKET. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO CHARGE TO THE CREDIT CARD(S) AND/OR DEBIT CARD(S) THAT I HAVE PROVIDED TO OWNER ALL AMOUNTS OWED BY ME UNDER THIS AGREEMENT FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND ANY OTHER AMOUNTS OWED BY ME, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I ALSO AUTHORIZE OWNER TO RE-INITIATE ANY CHARGE TO MY CARD(S) THAT IS DISHONORED FOR ANY REASON. I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED. I FURTHER ACKNOWLEDGE AND CONSENT TO THE DISPUTE RESOLUTION PROVISIONS CONTAINED IN THIS AGREEMENT.

[redacted]

[redacted]

Terms and Conditions electronically accepted by the Renter

8/1/18 at 5:46 PM

Transmission Report

Date/Time. 09-10-2018 12:04:48 p.m.
Local ID 1 [redacted]

Transmit Header Text
Local Name 1 NEUROLOGICAL SURGERY

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
[redacted]
STONY BROOK, NY [redacted]
PHONE: [redacted]
WEB AD[redacted]
Email: [redacted]

To	James Barbari	From:	[redacted]
Fax	631-656-8544	Pages:	3
Phone:		Date:	September 10, 2018
Re:	Ford Recall – Rental Car	cc:	

Comments:

Dear Jim, Attached is the receipt for the first month (August) of the rental as per the Ford airbag recall on my 2007 Mercury Milan (VIN: 3MEHM08107F[redacted]. Please let me know when I might receive the reimbursement check. I am reluctant to build up a large balance on my credit while waiting for reimbursement.

Also enclosed is the paperwork for the September rental agreement with Enterprise. Do you have an estimated date for the airbag replacement?

I look forward to hearing from you. My case number with Ford is CAS[redacted]

Sincerely, [redacted]

Total Pages Scanned : 3 Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	[redacted]	6312653249	11:51:00 a.m. 09-10-2018	00:02:20	3/3	1	EC	HS	CP14400

Abbreviations:
HS: Host send
HR: Host receive
WS: Waiting send
PL: Polled local
PR: Polled remote
MS: Mailbox save
MP: Mailbox print
RP: Report
FF: Fax Forward
CP: Completed
FA: Fail
TU: Terminated by user
TS: Terminated by system
G3: Group 3
EC: Error Correct

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
[redacted]
STONY BROOK, NY
PHONE: [redacted] FAX: [redacted]
WEB ADDRESS: [redacted]
Email: [redacted]

To	James Barbari	From:	[redacted]
Fax	631-656-8544	Pages:	3
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Re:	Ford Recall – Rental Car	cc:	

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Also enclosed is the paperwork for the September rental agreement with Enterprise. Do you have an estimated date for the airbag replacement?

I look forward to hearing from you. My case number with Ford is CAS[redacted]

Sincerely , [redacted]

ELRAC, LLC, 320 ROUTE 112, PORT JEFFERSON STATION, NY 117761010 (631) 474-2100

RENTAL AGREEMENT [redacted] **REF#** [redacted]

RENTER
[redacted]

DATE & TIME OUT
08/01/2018 05:42 PM
DATE & TIME IN
08/31/2018 11:37 AM

BILLING CYCLE
24-HOUR

CAR CLASS CHARGED
ICAR

VEH #1 2018 HYUN ELAN 4SLZ
VIN# 5NPD84LF4JH[redacted]
LIC#[redacted]
MILES DRIVEN 880
CAR CLASS: ICAR

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	08/01 - 08/31	1	MONTH	$901.99	$901.99
REFUELING CHARGE	08/01 - 08/31				$0.00
			Subtotal:		**$901.99**
Taxes & Surcharges					
CAR RENTAL SALES TAX	08/01 - 08/31			11%	$99.22
SALES TAX	08/01 - 08/31			8.625%	$77.80
			Total Charges:		**$1,079.01**
Bill-To / Deposits					
DEPOSITS					($1,079.01)

Total Estimated Amount Due **$0.00**

PAYMENT INFORMATION

AMOUNT PAID	TYPE	CREDIT CARD NUMBER
$1,079.01	Visa	[redacted]

[redacted]

9/8/2018

enterprise

24NYUC18AIR

MO 7:30 AM - 6:00 PM TU 7:30 AM - 6:00 PM WE 7:30 AM - 6:00
TH 7:30 AM - 6:00 PM FR 7:30 AM - 6:00 PM SA 9:00 AM - 6:00
SU CLOSED

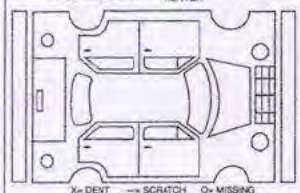
OWNER OF VEHICLE: ELRAC, LLC
BRANCH ADDRESS: 550 ROUTE 112, PORT JEFFERSON STATION, NY, 117 (631) 474-2100

DATE OUT 08/31/2018 11:37 AM
START CHARGES IF DIFFERENT

ORIGINAL VEHICLE

COLOR: WHITE | LICENSE NO.: [redacted]
MODEL: ELAN | ECAR#: [redacted]
MILE-AGE: IN | OUT: 20130
DRIVEN: [redacted]

CONDITION AND FUEL LEVEL AGREED TO: X ____ RENTER | # OF KEYS: ____



CONDITION SAME ON RETURN Yes No

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

FUEL CHARGE

RENTAL TYPE: RETAIL | SOURCE #: NATRES | I.D. #: 999
RENTER: [redacted]

BILL TO: ☐ COMPANY
ATTN: PHONE EXT

REFERENCE NUMBER:

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL.
I REQUEST OWNER'S PERMISSION TO ALLOW [redacted] AS ADDITIONAL DRIVER(S) 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 (AGREEMENT). USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND [redacted]

RENTER: X

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

NO SMOKING/PETS, $250 FINE

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

NOTICE: THIS CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, OPTIONAL VEHICLE PROTECTION TO COVER YOUR FINANCIAL RESPONSIBILITY FOR DAMAGE OR LOSS TO THE RENTAL VEHICLE. THE PURCHASE OF OPTIONAL VEHICLE PROTECTION IS OPTIONAL AND MAY BE DECLINED. YOU ARE ADVISED TO CAREFULLY CONSIDER WHETHER TO PURCHASE THIS PROTECTION IF YOU HAVE RENTAL VEHICLE COLLISION COVERAGE PROVIDED BY YOUR CREDIT CARD OR AUTOMOBILE INSURANCE POLICY. BEFORE DECIDING WHETHER TO PURCHASE OPTIONAL VEHICLE PROTECTION, YOU MAY WISH TO DETERMINE WHETHER YOUR CREDIT CARD OR YOUR VEHICLE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF DEDUCTIBLE UNDER SUCH COVERAGE.

RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY PER PARAGRAPH 7 RENTER: [redacted]	RENTER ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE NOTICE TO LEFT AND PARAGRAPH 17. DAMAGE WAIVER IS NOT INSURANCE. RENTER: X
RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE/PERSONAL EFFECTS COVERAGE (PAI/PEC). SEE PARAGRAPH 10 AND 11. RENTER: [redacted]	RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE/PERSONAL EFFECTS COVERAGE (PAI/PEC) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 19. RENTER: X
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE PARAGRAPH 9. RENTER: [redacted]	RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 18. RENTER: X
RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP). SEE PARAGRAPH [redacted] RENTER: [redacted]	RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 20. RENTER: X

I, THE "RENTER" SIGNING BELOW, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 9 OF THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO CHARGE TO THE CREDIT CARD(S) AND/OR DEBIT CARD(S) THAT I HAVE PROVIDED TO OWNER ALL AMOUNTS OWED BY ME UNDER THIS AGREEMENT FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND ANY OTHER AMOUNTS OWED BY ME, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I ALSO AUTHORIZE OWNER TO RE-INITIATE ANY CHARGE TO MY CARD(S) THAT IS DISHONORED FOR ANY REASON. I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED. I FURTHER ACKNOWLEDGE AND CONSENT TO THE DISPUTE RESOLUTION PROVISIONS CONTAINED IN THIS AGREEMENT.

RENTER: X [redacted] DATE: 08/31/2018

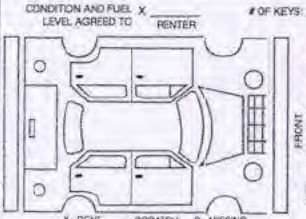
OWNER REP: X EMPL. #: [redacted]

REPLACEMENT VEHICLE

DATE OUT

COLOR | LICENSE NO.
MODEL | ECAR#
MILE-AGE: IN | OUT
DRIVEN

CONDITION AND FUEL LEVEL AGREED TO: X ____ RENTER | # OF KEYS: ____



CONDITION SAME ON RETURN Yes No

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

FUEL CHARGE

I WILL RETURN CAR BY: DATE	TIME	DEPOSIT(S): AMOUNT	PAID BY
09/30/2018	11:30 AM		

ATTENTION: Enterprise purchases no third-party insurance covering this rental, but provides its renters and authorized drivers with minimum liability coverage, as required by the New York Vehicle and Traffic Law. Those coverages are: $25,000 per accident for bodily injury to one individual/$50,000 per accident for bodily injury to more than one individual; $50,000 per accident for the death of one individual/$100,000 per accident for the death of more than one individual; $10,000 per accident for injury to or destruction of property. In addition, to the extent required by law, Enterprise will defend the renter and authorized drivers from all claims of third parties alleging bodily injury, death or property damage arising out of the operation of the rental vehicle. If additional liability coverage is desired you may purchase Supplemental Liability Coverage from Enterprise at an additional cost.

RENTAL AGREEMENT NO. [redacted]

DAY = 24 HOUR PERIOD

IDLE $21.83/HOUR
$48.00/DAY
$321.99/WEEK
$901.57/MONTH

NO CHARGE MILEAGE

DAW OR DDW $8.99/DAY

PAI/PEC $7.49/DAY

SLP $16.50/DAY

RAP $4.99/DAY

$6.39/DAY LDW
$4.19/DAY LIN

SALES TAX 8.625%/RENTAL
DAS RENTAL SALES TAX 11.00%

TOTAL CHARGES
DEPOSITS
REFUNDS
AMOUNT DUE

CLOSED BY

OPTIONAL PRODUCTS NOTICE: IN ADDITION DESCRIBED ABOVE LEFT, WE ALSO OFFER, FOR THE FOLLOWING OPTIONAL PRODUCTS: PERSONAL EFFECTS COVERAGE, SUPPLEMENTAL AND ROADSIDE ASSISTANCE PROTECTION. BEFORE ANY OF THESE PRODUCTS, YOU MAY WISH TO DET PERSONAL INSURANCE, CREDIT CARD OR OTH YOU PROTECTION DURING THE RENTAL PERIOD. THESE PRODUCTS IS NOT REQUIRED TO RENT VE

Transmission Report

ime	10-02-2018 07:11:53 a.m.	Transmit Header Text	
cal ID 1	[redacted]	Local Name 1	NEUROLOGICAL SURGERY

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
[redacted]
PHONE [redacted]
WEB ADDRESS [redacted]
Email: [redacted]

To	James Barbati	From:	[redacted]
Fax	631-656-8544	Pages:	2
Phone:		Date:	October 2, 2018
Re:	Ford Recall - Rental Car	cc:	

Comments:

Dear Jim, Attached is the receipt for the second month (September) of the rental as per the Ford airbag recall on my 2007 Mercury Milan (VIN: 3MEHM08107R[redacted] I did not take the rental for October because I received a voicemail message that the airbag part is ready to install.

I look forward to hearing from you to set up an appointment for the installation. My cell number is [redacted]

My case number with Ford is CAS[redacted]

Sincerely , [redacted]

Total Pages Scanned : 2 Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	[redacted]	6312653249	07:09:32 a.m. 10-02-2018	00:01:46	2/2	1	EC	HS	CP14400

Abbreviations:

HS: Host send	PL: Polled local	MP: Mailbox print	CP: Completed	TS: Terminated by system
HR: Host receive	PR: Polled remote	RP: Report	FA: Fail	G3: Group 3
WS: Waiting send	MS: Mailbox save	FF: Fax Forward	TU: Terminated by user	EC: Error Correct

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
[redacted]
STONY BROOK, NY
PHONE: [redacted] FAX: [redacted]
WEB ADDRESS: [redacted]
Email: [redacted]

To	James Barbari	From:	[redacted]
Fax	631-656-8547	Pages:	2
Phone:		Date:	October 2, 2018
Re:	Ford Recall – Rental Car	cc:	

Comments:

Dear Jim, Attached is the receipt for the second month (September) of the rental as per the Ford airbag recall on my 2007 Mercury Milan (VIN: 3MEHM08107R[redacted]. I did not take the rental for October because I received a voicemail message that the airbag part is ready to install.

I look forward to hearing from you to set up an appointment for the installation. My cell number is [redacted]

My case number with Ford is CAS[redacted]

Sincerely, [redacted]

ELRAC, LLC, 320 ROUTE 112, PORT JEFFERSON STATION, NY 117761010 (631) 474-2100

RENTAL AGREEMENT REF# [redacted]

RENTER
[redacted]

DATE & TIME OUT
08/31/2018 11:37 AM
DATE & TIME IN
10/01/2018 05:11 PM

BILLING CYCLE
24-HOUR

CAR CLASS CHARGED
ICAR

VEH #3 2018 MITS OUTL ES4W
VIN# JA4AZ3A3XJ[redacted]
LIC# [redacted]
MILES DRIVEN 550
CAR CLASS: IFAR

VEH #2 2018 HYUN ELAN 4SEL
VIN# 5NPD84LF4JH[redacted]
LIC# [redacted]
MILES DRIVEN 147
CAR CLASS: ICAR

VEH #1 2018 HYUN ELAN 4SLZ
VIN# 5NPD84LF4JH[redacted]
LIC# [redacted]
MILES DRIVEN 226
CAR CLASS: ICAR

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	08/31 - 09/30	1	MONTH	$901.99	$901.99
TIME & DISTANCE	09/30 - 10/01	2	DAY	$46.00	$92.00
REFUELING CHARGE	08/31 - 10/01				$0.00
			Subtotal:		**$993.99**
Taxes & Surcharges					
CAR RENTAL SALES TAX	08/31 - 10/01			11%	$109.34
SALES TAX	08/31 - 10/01			8.625%	$85.73
			Total Charges:		**$1,189.06**
Bill-To / Deposits					
DEPOSITS					($1,189.06)

Total Estimated Amount Due **$0.00**

PAYMENT INFORMATION

AMOUNT PAID	TYPE	CREDIT CARD NUMBER
$1,189.06	Visa	xxxxxxxxx[redacted]

[redacted]

10/1/2018

CUSTOMER #: [redacted]

[redacted]

EAST SETAUKET, NY [redacted]
HOME [redacted] OYT: [redacted]
BUS: CELL:

INVOICE

PAGE 1

Ford OF Smithtown
440 JERICHO TPKE
ST. JAMES, NY 11780
SERVICE (631) 265-2688
FAX (631) 265-3249
www.FordofSmithtown.com

SERVICE ADVISOR: 405 JAMES BARBARI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	07	MERCURY MILAN	3MEHM08107R[redacted]		67780/67780	[redacted]

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN18 DD			17:00 23JUL18			CASH	11OCT18

R.O. OPENED	READY	OPTIONS: DLR: [redacted] ENG:3.0_Liter
08:16 23JUL18	09:04 11OCT18	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A RECALL 17S01 AIR BAG			
CAUSE: .			
RECALL AS PER CUSTOMER REQUEST, CHECK FOR ANY OPEN RECALLS AND PERFORM IF NECESSARY.			
9502 WF			(N/C)
FC: PART#: COUNT:			
CLAIM TYPE:			
AUTH CODE:			
9502			
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:			0.00
67629 RENTAL REFUND FOR RECALL REPAIR			
**********			
B RENTAL FOR RECALL 17S01			
CAUSE: .			
RECALL AS PER CUSTOMER REQUEST, CHECK FOR ANY OPEN RECALLS AND PERFORM IF NECESSARY.			
9502 WF			(N/C)
1 8E5Z*54044A74*AD MODULE - AIR BAG			(N/C)
CORE CHARGE W			(N/C)
-1 8E5Z*54044A74*AD CORE RETURN			(N/C)
FC: PART#: COUNT:			
CLAIM TYPE:			
AUTH CODE:			
9502			
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:			0.00
67629 PERFORMED RECALL 17S01 INSTALLED PASS AIR BAG			
**********			
C PERFORM MULTIPOINT INSPECTION FILL ATW QUALITY CARE REPORT CARD			
99P PERFORM MULTIPOINT INSPECTION FILL ATW QUALITY CARE REPORT CARD			
9502 IFSP			(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C:			0.00
67629 MULTIPOINT COMPLETE			
**********			

X_____ Customer Signature: Acknowledges Receipt of Copy

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

CUSTOMER #: [redacted]

[redacted]

[redacted]

EAST SETAUKET, NY [redacted]

HOME [redacted] CONT: [redacted]

BUS: CELL:

INVOICE

PAGE 2

Ford OF Smithtown

440 JERICHO TPKE
ST. JAMES, NY 11780

SERVICE (631) 265-2688
FAX (631) 265-3249
www.FordofSmithtown.com

SERVICE ADVISOR: 405 JAMES BARBARI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	07	MERCURY MILAN	3MEHM08107R[redacted]		67780/67780	[redacted]

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN18 DD			17:00 23JUL18	[redacted]		CASH	11OCT18

R.O. OPENED	READY	OPTIONS:
08:16 23JUL18	09:04 11OCT18	DLR [redacted] ENG:3.0_Liter

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

ANY PART REPLACED AFTER 11/1/13 COMES WITH A 2 YEAR UNLIMITED MILEAGE WARRANTY-SEE YOUR SERVICE ADVISOR FOR DETAILS. WE ARE COMMITTED TO OUR CUSTOMERS AND TRY TO EXCEED YOUR EXPECTATIONS. PLEASE EMAIL CHRIS SMITHTOWNFLSERVICE@GMAIL.COM, IF YOU CAN NOT RATE US "EXCELLENT" ON THE MFR. SURVEY.

All warranties on this product are the manufacturer's. FORD OF SMITHTOWN hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and FORD OF SMITHTOWN neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the product. This disclaimer by FORD OF SMITHTOWN in no way affects the terms of the manufacturer's warranty. All repairs cash, certified check or approved credit card. A change based on mechanic's time and parts will be made for diagnostic service if the vehicle is returned without item(s) being repaired. These repairs are covered by a limited warranty, labor and parts 12 months or 12,000 miles, whichever comes first. Seller hereby limits implied warranties to the same period.

X_____ Customer Signature: Acknowledges Receipt of Copy

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

NYS * M/V-R/S REG. NO.# 7104265

Transmission Report

Date/Time 11-12-2018 10:23:58 a.m.
Local ID 1 [redacted]

Transmit Header Text
Local Name 1 NEUROLOGICAL SURGERY

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
[redacted]
STONY BROOK, NY
PHONE: [redacted] FAX: [redacted]
WEB ADDRESS: [redacted]
Email: [redacted]

To	James Barbat	From:	[redacted]
Fax	631-658-8544	Pages:	
Phone:		Date:	November 12, 2018
Re:	Ford Airbag Recall – Rental Car reimbursement	cc:	

Comments:

Dear Jim, I left a message at your office last week but did not hear back. I spoke with Ford and they said that I should be reimbursed for the rental car within 6 weeks of the replacing the airbag. My airbag was replaced o October 11th (however I do still have a light on the dashboard that shows a person with the air bag inflated). I was calling to make an appointment to get this attended to in addition to the status of the reimbursement.

Please call me to discuss the status of the reimbursement. It is almost 5 weeks now. My cell number is [redacted]

My Mercury Milan Vin number s 3MEHM08107R[redacted]

Sincerely , [redacted]

Total Pages Scanned : 1 Total Pages Confirmed : 1

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	[redacted]	6316568544	10:23:08 a.m. 11-12-2018	00:00:11	1/1	1	EC	HS	CP33600

Abbreviations:
HS: Host send
HR: Host receive
WS: Waiting send
PL: Polled local
PR: Polled remote
MS: Mailbox save
MP: Mailbox print
RP: Report
FF: Fax Forward
CP: Completed
FA: Fail
TU: Terminated by user
TS: Terminated by s
G3: Group 3
EC: Error Correct

Stony Brook Medicine
Neurosciences Institute
Department of Neurosurgery

[redacted]
Chief Department Administrator
[redacted]
STONY BROOK, NY [redacted]
PHONE: [redacted] FAX: [redacted]
WEB ADDRESS: [redacted]
Email: [redacted]

To	James Barbari	From:	[redacted]
Fax	631-656-8544	Pages:	
Phone:		Date:	November 12,, 2018
Re:	Ford Airbag Recall – Rental Car reimbursement	cc:	

Comments:

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Please call me to discuss the status of the reimbursement. It is almost 5 weeks now. My cell number is [redacted]

My Mercury Milan Vin number s 3MEHM08107R[redacted]

Sincerely , [redacted]

[redacted]

E. Setauket, N[redacted]

CERTIFIED MAIL™

7003 2260 0007 5244 0864

W41-356

Administrator
National Highway Traffic Safety Administration
1200 New Jersey Avenue S.E.
Washington, DC 20590