

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

or transportation <b>National Highway Traffic Safety Administration</b> 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FDR AGENCY USE ONLY 100148 Date Received: 11-NOV-2020 Repository: <input checked="" type="checkbox"/> Reference No: 11373982	
<b>OWNER INFORMATION (Type or Print)</b>			
Name: [REDACTED]		Daytime Telephone Number: [REDACTED]	
Address: [REDACTED]		E-mail Address: [REDACTED]	
City: SUMTER	State: SC	ZIP Code: [REDACTED]	
Evening Telephone Number: _____			
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FADPSE29G [REDACTED]		MAKE: FORD	Model Year: 2016
Date Purchased:	Dealer's Name and Telephone Number:		Engine No: Cylinders:
Original Owner: <input type="checkbox"/>	Dealer's City:	STATE:	Fuel Type:
ZIP Code:	Multiple Failure:		Incident Date(s): 05-NOV-2020
Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain:		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Components Codes: 103400 POWER TRAIN-AUTOMATIC TRANSMISSION:LEVER AND LINKAGE:COLUMN SHIFT		Failure Mileage:	Failure Speed:
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make:	Tire Model (Name or Number):	Tire Size (Example P215/65R15):	
DOT No. (Example DOTM1 9AB0034):	<input type="checkbox"/> Original Requirement <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code:			Tire Failure Type:
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), injury(es).)</i>			
Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured:	Number of Deaths:
		Reported to Police: N	
Narrative Description of Incident(s), Crash(es), Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).			
THE CONTACT OWNS A 2016 FORD FOCUS. THE CONTACT CALLING ON BEHALF OF HER FRIEND AND STATED THAT WHILE THE VEHICLE WAS TAKEN TO CLASSIC FORD LINCOLN OF COLUMBIA, 177 GREYSTONE BLVD, COLUMBIA, SC 29210, FOR AN OIL SEVICED. THE CONTACT WAS INFORMED BY THE TECHNICIAN THAT THE DOOR CLUTCH TRANSMISSION WAS FAULTY AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT YET REPAIRED. THE MANUFACTURE WAS MADE AWARE OF THE FAILURE AND INFORMED THE CONTACT THAT IT'S AN UNKNOWN PROBLEM AND THAT THE VEHICLE WAS NOT PART OF THE CUSTOMER SATISFACTION PROGRAM AND THAT THE VIN DOES NOT COVERED THE WARRANTY. THE MANUFACTURER ALSO INFORMED THE CONTACT THAT THERE WAS AN ONGOING INVESTIGATION AND WAS STILL UNDER REVIEW. THE CONTACT WAS PROVIDED WITH A CASE NUMBER AND WAS REFERRED TO NHTSA. THE FAILURE MILEAGE WAS APPROXIMATELY 72,000.			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
The Privacy Act of 1974-Public Law 93-579. This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.			

LOT LOCATION:

CUSTOMER #:



\*INVOICE\*

DUPLICATE 1  
PAGE 1

177 Greystone Blvd. • Columbia, SC 29210  
Phone: (803) 779-3673  
www.classicofcolumbia.com

SUMTER, SC

HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 11056 GARY DEAN RAY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
INGOT SILV	16	FORD FOCUS	1FADP3E29G1 [REDACTED]		72490/72491	T5105	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
30AUG16 IS			18:00 04NOV20		132.95	CASH	12NOV20
30AUG16 DD							
R.O. OPENED	READY	OPTIONS: SOLD-STK: [REDACTED] DLR: [REDACTED]					
12:54 04NOV20	17:25 12NOV20	ENG:2.0_Liter_GDI					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CS TRANS NOT SHIFTING PROPERLY  
QL QL

	7020	CP				1365.00	1365.00
1	F1FZ*7B546*B	CLUTCH ASY			450.16	450.16	450.16
1	EV6Z*7052*C	SEAL ASY - OIL			43.10	43.10	43.10
1	CA6Z*7A508*E	CYLINDER ASY - CLUTCH SLAVE			146.76	146.76	146.76
1	XT*11*QDC	FLUID - TRANSMISSION			44.72	44.72	44.72
2	PM*4*A	BRAKE CLEANER			5.95	5.95	11.90
1	XO*5W20*Q1SP	MOTORCRAFT SAE 5W-20 API GF-6A			5.40	5.40	5.40
2	F1FZ*7H183*A	PLUG			3.51	3.51	7.02
1	AV6Z*5K484*B	LINK			69.73	69.73	69.73

PARTS: 778.79 LABOR: 1365.00 OTHER: 0.00 TOTAL LINE A: 2143.79

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 5.50



We genuinely appreciate you allowing Classic to service your vehicle. We want your service experience to be EXCELLENT in every way possible. Please contact any of our staff or myself with any questions or concerns. Thanks again from all of us at Classic Ford/Lincoln of Columbia

FAITD  
NOV 12 2020  
BY: CHECK [REDACTED]

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

STATEMENT OF DISCLAIMER  
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION	TOTALS
LABOR AMOUNT	1365.00
PARTS AMOUNT	778.79
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	5.50
TOTAL CHARGES	2149.29
LESS INSURANCE	0.00
SALES TAX	62.31

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

CUSTOMER SIGNATURE

PLEASE PAY THIS AMOUNT

OUR CHARGE CUSTOMERS ARE RESPONSIBLE FOR PAYMENT IN FULL WITHIN 30 DAYS. ANY CHARGE DEFAULT IS THE RESPONSIBILITY OF THE CUSTOMER IN ADDITION TO LATE FEES, COURT FEES & ATTORNEY FEES.

Customer Signature X

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