

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

117

Date Received

03-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

866739

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FA1P6248TH181968	FORD	THUNDERBIRD	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000 09006000	Part Name(s) BRAKES:HYDRAULIC SYSTEM LIGHTING:GENERAL OR UNKNOWN COMPONENT:BRAKE LIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 1	Date(s) of Failure(s) 20-NOV-2000 Mileage at Failure(s) 20 Vehicle Speed at Failure(s) 30	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 30MPH & APPLYING THE BRAKES TO AVOID HITTING A VEHICLE THAT STOPPED. HOWEVER, VEHICLE HAD NO BRAKE LIGHTS, AND IT REARENDED VEHICLE IN FRONT DUE TO NO BRAKES. VEHICLE TOWED TO DEALERSHIP & MECHANIC INDICATED BRAKES WERE GONE. PIN IN THE BRAKES HAD BROKEN WHICH CAUSED THE BRAKES TO BE INOPERATIVE. \*AK

CONTINUE ON BACK IF NEEDED

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.



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FOR AGENCY USE ONLY 117

Date Received 03-AUG-2000  
Office SAFETY DEFECTS INVESTIGATION

Reference No.  
**866739**

OWNER INFORMATION (Type or Print)

**624746**  
**WORTHINGTON OH 43085**

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 8/1/00

VEHICLE INFORMATION

Vehicle IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>1FA1P6248TH1B1968</b>		Vehicle Make <b>FORD</b>	Vehicle Model <b>THUNDERBIRD</b>	Vehicle Year <b>1996</b>	Current Odometer Reading <b>27,100</b>	
Purchase Date <b>1-97</b>	Dealer's Name <b>KREIGER FORD</b>		Engine Size (CID/CC/L) <b>6</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <b>COLUMBUS</b> State <b>OH</b> Zip Code <b>43215</b>		No. Cylinders <b>6</b>			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>03200000 09008000</b>	Part Name(s) <b>BRAKES:HYDRAULIC SYSTEM LIGHTING:GENERAL OR UNKNOWN COMPONENT:BRAKE LIGHTS</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>1</b>	Date(s) of Failure(s) <b>20-MAY-2000</b> Mileage at Failure(s) <b>26</b> Vehicle Speed at Failure(s) <b>30</b>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>17,000</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE DRIVING 30MPH & APPLYING THE BRAKES TO AVOID HITTING A VEHICLE THAT STOPPED. HOWEVER, VEHICLE HAD NO BRAKE LIGHTS, AND IT REARENDED VEHICLE IN FRONT DUE TO NO BRAKES. VEHICLE TOWED TO DEALERSHIP & MECHANIC INDICATED BRAKES WERE GONE. PIN IN THE BRAKES HAD BROKEN WHICH CAUSED THE BRAKES TO BE INOPERATIVE. \*AK**

*Attached are copies of Repair Invoices and Insurance Commission Letter. Failed part is available, I felt the Ford Motor Co owes me for the rental car but not covered by my insurance (2665-0). This accident could have cost me my life.*

CONTINUE ON BACK IF NEEDED

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.

508260

273382



INVOICE

KRIEGER FORD, INC.
1800 MORSE ROAD
COLUMBUS, OHIO 43229
PHONE: 614/888-3320
WATS: 1-800-783-FORD(3873)
DIRECT: 614/888-3300

PAGE 1

PREP BY: 2209

SERVICE ADVISOR: 2209 LUCAS A. HEIDENESCH

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN/OUT, TAG. Values: BRIGHT RED, 96, FORD THUNDERBIRD, 1FALP6248TH181968, BTM262, 25860/25860, TB141

Table with columns: DR. DATE, PROD. DATE, WARR. EXP., PROMISED, PO NO., RATE, PAYMENT, INV. DATE. Values: 02DEC96, 21JUN96, 19:00, 12JUN00, 0.00, VTSA, 13JUN00

Table with columns: R.O. OPENED, READY, OPTIONS. Values: 09:05, 22MAY00, 16:24, 13JUN00, STK:962228, DLR:47I018, ENG:3.8.EFI, TRN:AOD, AXL:1

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL

Main repair list table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Includes items like 191 REPAIR BODY DAMAGE AS PER ESTIMATE, 9530 CPBL, 1 F4SZ\*17E768\*A SUPPORT FRT BMPR CVR, etc.

25860 REBLACH FRT COVER, H/L MOUNT PNL, RT AND LT H/L RT AND LT S/L, HOOD, RT FNDR, AC COND, REPAIR CORE SUPP, LT FNDR

B REFINISH AND BLEND FRONT END DAMAGE

ON BEHALF OF SERVICE DEPARTMENT, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE UNLESS OTHERWISE INDICATED. REPAIRS WERE PERFORMED AT THE CHANGE NO. CHARGE. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRS WERE RELATED TO THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE, RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 11 YEAR FROM THE DATE OF EARLIEST NOTIFICATION AT THE SERVICE DEALER FOR INSPECTING BY AN ADJUSTER'S REPRESENTATIVE.

THE SELLER, KRIEGER, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND KRIEGER (NEITHER SELLER NOR AUTHORIZED) ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF VEHICLES OR PARTS. \*MISC. CHARGES\* FEDERAL LAW STATES HAZARDOUS WASTE MUST BE DISPOSED OF PROPERLY IN THE AUTOMOTIVE INDUSTRY. ANTIFREEZE, FLOW, SOLVENTS, & CLEANING FLUIDS ARE EXAMPLES. A SMALL FEE OF 7% \*MISC. CHARGES\* HAS BEEN ADDED TO ASSURE YOU THAT ALL USED MATERIALS COLLECTED IN SERVICING YOUR VEHICLE WILL BE RECYCLED OR RECLAIMED PROPERLY.

Table with columns: DESCRIPTION, TOTALS. Rows include LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, LESS INS. AND/OR ADJ., SALES TAX, PLEASE PAY THIS AMOUNT

DEALER (OPTIONAL) SIGNATURE OR AUTHORIZED PERSON (DATE)

SERVICE AND PARTS DEPARTMENT HOURS:
7:00 a.m. to Midnight - Monday thru Friday
8:00 a.m. to 4:00 p.m. - Saturday



KRIEGER FORD, INC.
1800 MORSE ROAD
COLUMBUS, OHIO 43229

OTHER KRIEGER LOCATIONS:

KRIEGER SAWMILL
LINCOLN-MERCURY, INC.
2445 BILLINGSLEY ROAD
P.O. BOX 14111

CUSTOMER COPY

508260

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KRIEGER FORD, INC.
1800 MORSE ROAD
COLUMBUS, OHIO 43229
PHONE: 614/888-3320
WATS: 1-800-783-FORD(3673)
DIRECT: 614/888-3300

INVOICE

PAGE 2

SERVICE ADVISOR: 2209 LUCAS A. HRIDENESCH

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN/OUT, TAG. Includes details for BRIGHT RED 96 FORD THUNDERBIRD.

Table with columns: LINE, QPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Lists items like PAINT AS NECESSARY with costs.

25860 REFINISH HOOD FRONT BUMPER BOTH FENDERS BLEND RT DOOR
C\*\* SEND TO SERVICE TO INSPECT BRAKES...CUST STATES BRAKES WENT OUT
PEDAL WENT TO FLOOR
12122A VACUUM TUBE/HOSE
(VACHOSE/9E455/9E498/9E495/9F485) - REPAIR

25860 1.0HRS FOUND VACUUM CONNECTOR BROKEN CAUSING POWER BRA KES TO
FAIL. REPLACED CONN AND RETEST BRAKES OPERATE PROPERLY
D\*\* CHECK UNIT FOR RECALLS
INFO INFORMATION ONLY
1 CDRF

MISC. PAINT, MATERIALS
CPPL
SUB AUTO ADDITIONS PO#1001852
CBSUB

ON BEHALF OF SERVICE DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE STATED. SERVICE 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 INJURY. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 111 YEARS FROM THE DATE OF INQUIRY AT THE SERVICE DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

THE SELLER, KRIEGER, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND EMPHATICALLY NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF VEHICLES OR PARTS. "MISC. CHARGES" FEDERAL LAW STATES HAZARDOUS WASTE MUST BE DISPOSED OF PROPERLY. IN THE AUTOMOTIVE INDUSTRY, ANTIFREEZE, FLOOR SOLVENTS, & CLEANING FLUIDS ARE EXAMPLES. A SMALL FEE OF 75¢ MAY BE ADDED TO ASSURE YOU THAT ALL USED MATERIALS COLLECTED IN SERVICING YOUR VEHICLE WILL BE RECYCLED OR RECLAIMED PROPERLY.

Table with columns: DESCRIPTION, TOTALS. Lists LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, LESS INS. AND/OR ADJ., SALES TAX, PLEASE PAY THIS AMOUNT.

SERVICE AND PARTS DEPARTMENT HOURS:
7:00 a.m. to Midnight - Monday thru Friday
8:00 a.m. to 4:00 p.m. - Saturday



KRIEGER SAWMILL
LINCOLN-MERCURY, INC.
2445 HILLINGDALE ROAD
(614) 784-1316

OTHER KRIEGER LOCATIONS:

CUSTOMER COPY

508260

273382



INVOICE

KRIEGER FORD, INC.
1800 MORSE ROAD
COLUMBUS, OHIO 43229
PHONE: 614/888-3320
WATS: 1-500-783-FORD(3873)
DIRECT: 614/888-3300

PAGE 3

PREP BY: 2209

SERVICE ADVISOR: 2209 LUCAS A. HEIDENESCH

Table with columns: COLOUR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN/OUT, TAG, DE DATE, PROD. DATE, WARR. EXP., PROMISED, PQ NO., RATE, PAYMENT, INV. DATE. Includes vehicle details for a 1996 Ford Thunderbird.

Table with columns: LINE, ORCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Includes a note about a customer payment of 250.00 and insurance information.

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

THE SELLER, KRIEGER, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND KRIEGER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF VEHICLES OR PARTS. "MISC. CHARGES" FEDERAL LAW STATES HAZARDOUS WASTE MUST BE DISPOSED OF PROPERLY IN THE AUTOMOTIVE INDUSTRY. ANTIMEEZE, FRIOR, SOLVENTS, & CLEANING FLUIDS ARE EXAMPLES. A SMALL FEE OF 7% "MAX \$10.00" HAS BEEN ADDED TO ASSURE YOU THAT ALL USED MATERIALS COLLECTED IN SERVING YOUR VEHICLE WILL BE RECYCLED OR RECLAIMED PROPERLY.

Table with columns: DESCRIPTION, TOTALS. Lists charges for labor, parts, gas, oil, lube, sublet, misc. charges, total charges, less ins. and/or adj., sales tax, and please pay this amount.



SERVICE AND PARTS DEPARTMENT HOURS:
7:00 a.m. to Midnight - Monday thru Friday
8:00 a.m. to 4:00 p.m. - Saturday



KRIEGER SAWMILL
LINCOLN-MERCURY INC.
2445 SHILMOBILE ROAD
1515 764-3414

OTHER KRIEGER LOCATIONS:

CUSTOMER COPY



Page 2

Should you have any other questions concerning this matter, please contact Team Manager Kara Zitko at 614-868-2239, or Claim Specialist Becky May at 614-868-2204.

Sincerely,

*Gordon Wilken*  
GWA

Gordon Wilken, CPCU, CLU, ChFC  
Claim Manager - Auto Claims South

# State Farm Insurance Companies



July 11, 2000

Reynoldsburg Service Center  
6200 Eastgreen Boulevard  
Reynoldsburg, OH 43068  
614-868-2200  
FAX: 614-868-2241

RE: Claim Number: 35-W439-401  
Date of Loss: 5/20/00

Dear Ms. [REDACTED]

This is a follow-up to a message I left for you on your home answering machine on July 11, 2000. Please find enclosed a draft payable to you in the amount of \$250.00. This represents reimbursement to you of the deductible you paid in this accident. As I indicated in my message to you also we will be reviewing the claim and making sure that there is no surcharge applied to your policy for this loss so that the loss becomes unchargeable to you.

I apologize for the inconvenience of this claim for you. I understand your position and I agree that we could have been more proactive in this instance. Had we been able to secure the vacuum connector from the service department, we still would not necessarily have been able to pursue the manufacturer as it was unclear from the technician whether or not the vacuum connector was damaged due to a defect. He was unable to make that determination. We are handling this and processing the refunded deductible to you under the assumption that we would have been able to collect back from the manufacturer had we pursued this further.

Should you have questions or concerns regarding this matter, please feel free to contact me or Kara Zitko. My phone number is listed at the bottom of this letter. Kara Zitko can be reached at 868-2239.

Sincerely,

*Becky May*

Becky May  
Claim Specialist  
State Farm Mutual Automobile Insurance Company  
614-868-2204

BM/030  
030/0711012





Ford Motor Company

16800 Executive Plaza Drive  
MD# 3NE-A  
Dearborn, Michigan 48126-4207

June 15, 2000

[REDACTED]

RE: 1996 Thunderbird  
VIN: 1FALP6248TH181968


Dear Ms. [REDACTED]

This letter is in regards to the accident in which your vehicle was involved.

Customer satisfaction is one of the primary objectives of Ford Motor Company and we try to make every attempt to ensure that our owners are satisfied. We recognize the importance of retaining your confidence in us after the purchase. Pursuant to our telephone conversation on June 15, 2000, you indicated that you have turned this matter over to your insurance company. We suggest that you continue to follow the direction of your insurance carrier. Your insurance carrier may file a subrogation claim against Ford Motor Company if they determine that Ford Motor Company is responsible.

Thank you for giving us the opportunity to review your concern.

Respectfully Yours,

  
Danielle Smith  
Consumer Affairs

