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

## EA10-001 FORD 3-4-2011 Appendix A

## 2004-2006 F-150/2006 Mark LT Inadvertent Driver Air Bag Deployment

## OWNER REPORTS

As the agency is aware, within FCSD's North American Customer Service Operations, there is a Customer Relationship Center (CRC) that is responsible for facilitating communication between customers, dealerships and Ford Motor Company. Among other things, the CRC handles telephonic, electronic, and written inquiries, suggestions, informational requests, and concerns ("contacts") from Ford and Lincoln-Mercury vehicle owners about their vehicles or sales and service experience. The contacts are handled by CRC customer service representatives who enter a summary of the customer contact into a database known as CuDL (Customer Data Link). Certain contacts, such as letters from customers, are entered into the CuDL database. Those that were entered into the earlier MORS II system were also microfilmed. More recently, the records in MORS III/CuDL are imaged and stored electronically.

The CRC assigns to each vehicle-related contact report a "symptom code" or category that generally characterizes the nature of the customer contact or vehicle concern, as described by the owner. The CRC does not undertake to confirm the accuracy of the description provided by the owner; they simply record what is reported. Therefore, given the complexity of the modern motor vehicle, it is Ford's experience that a significant percentage of owner contacts do not contain sufficient information to make a technical assessment of the condition of the vehicle or the cause of the event reported. Accordingly, although MORS contact reports may be useful in identifying potential problems and trends, the records are not the empirical equivalent of confirmed incidents and/or dealership's diagnosis. In the interest of responding promptly to this inquiry, Ford has not undertaken to gather the electronic images related to these contacts because of the largely duplicative nature of the information contained in the images, as well as the time and the burden associated with locating and producing those documents. The pertinent information related to those contacts generally would be included in the contact reports obtained from the CuDL system. To the extent that those documents exist, they are characterized in the comments of MORS III contact reports. Upon request, Ford will attempt to locate any specific items that are of interest to the agency.

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Model Years	Subject Vehicles	Date Parameters
2004 – 2006	Ford F-150	March 23, 2010 - February 18, 2011
2004 – 2006	Lincoln Mark LT	March 23, 2010 - February 18, 2011
2002 – 2005	Ford Explorer	March 23, 2010 - February 18, 2011
2002 – 2005	Mercury Mountaineer	March 23, 2010 - February 18, 2011
2003 - 2004	Lincoln Aviator	March 23, 2010 - February 18, 2011

In responding to this information request, Ford electronically searched CuDL using the following criteria based on the agency's definition of subject and peer vehicles:

Ford Explorer and Mercury Mountaineer vehicles equipped with 2-Stage driver bags were identified by eliminating all reports whose VOC Position 062 did not equal "B".\_Criteria applies for vehicles manufactured for sale or lease in the United States, District of Columbia, Puerto Rico, Northern Mariana Islands, Guam, American Samoa and the Virgin Islands.

Types of Contacts: All, including suspended data, canceled contacts and inquiries.

## MORS III Symptom Code(s):

	Symptom	
Symptom Category	Code	Symptom Description
Restraints	104000	Other
Restraints	104400	Air Bag System
Restraints	104450	Air Bag System Function
Restraints	104457	Air Bag System Deployment
Restraints	104498	Air Bag System Indicator

## MORS III Reason Code(s):

Reason Code	Description
07	Legal
10	New Legal

## LEGAL CONTACTS

Beginning in early 2008, most consumer complaints and all legal claim processing has been centralized in OGC within the Consumer Litigation team. A transition has occurred such that all legal contacts (including those formerly handled by "Litigation Prevention") are coordinated through this team.

Prior to the transition, there was a Consumer Affairs Department within FCSD that managed customer concerns, which could not be resolved by the Customer Relationship Center (CRC). Among other things, the Consumer Affairs Department had a section, known as "Litigation Prevention," that handled a variety of informal (i.e., non-litigation) claims, such as property damage claims or attorney demand claims.

The Litigation Prevention section had been centralized in the Consumer Affairs Department since 1995, in Dearborn, Michigan. Prior to that time, Litigation Prevention personnel operated on a regional basis. For matters that the Litigation Prevention section handled, there were typically paper files that reflected the handling, investigation and resolution of property damage claims.

The claims, known as "Legal Contacts" are entered into the CuDL database that the CRC uses to enter other customer communications. When a customer contact is designated as a Legal Contact, it is so indicated near the top of the contact report.

## FIELD REPORTS

Within FCSD, there is a Vehicle Service & Programs Office that has overall responsibility for vehicle service and technical support activities, including the administration of field actions. That Office is the primary source within Ford of vehicle concern information originating from Ford and Lincoln-Mercury dealerships, field personnel, and other sources. The information is maintained in a database known as the Common Quality Indicator System (CQIS). The CQIS database includes reports compiled from more than 40 Company sources (e.g., Company-owned vehicle surveys, service technicians, field service and quality engineers, and technical hot line reports, etc.) providing what is intended to be a comprehensive concern identification

resource. As with MORS contact reports, CQIS reports are assigned a "symptom code" or category that generally reflects the nature of the concern.

In responding to this information request, Ford electronically searched CQIS using the following criteria based on the agency's definition of subject and peer vehicles:

Model Years	Subject Vehicles	Date Parameters
2004 - 2006	Ford F-150	March 23, 2010 - February 18, 2011
2004 – 2006	Lincoln Mark LT	March 23, 2010 - February 18, 2011
2002 – 2005	Ford Explorer	March 23, 2010 - February 18, 2011
2002 – 2005	Mercury Mountaineer	March 23, 2010 - February 18, 2011
2003 - 2004	Lincoln Aviator	March 23, 2010 - February 18, 2011

Ford Explorer and Mercury Mountaineer vehicles equipped with 2-Stage driver bags were identified by eliminating all reports whose VOC Position 062 did not equal "B".

Criteria applies for vehicles manufactured for sale or lease in the United States, District of Columbia, Puerto Rico, Northern Mariana Islands, Guam, American Samoa and the Virgin Islands.

Types of Contacts: All, including suspended data, canceled contacts and inquiries.

Symptom Code(s):

	Symptom	
Symptom Category	Code	Symptom Description
Restraints	104000	Other
Restraints	104400	Air Bag System
Restraints	104450	Air Bag System Function
Restraints	104457	Air Bag System Deployment
Restraints	104498	Air Bag System Indicator

## WARRANTY

Ford's Analytical Warranty System (AWS) contains warranty claims and vehicle information for model years 1991 and forward for North America, and model years 1992 and forward for Europe.

In responding to this information request, Ford electronically searched AWS using the following criteria based on the agency's definition of subject and peer vehicles:

Model Years	Subject Vehicles	Date Parameters
2004 – 2006	Ford F-150	March 23, 2010 - February 18, 2011
2004 – 2006	Lincoln Mark LT	March 23, 2010 - February 18, 2011
2002 – 2005	Ford Explorer	March 23, 2010 - February 18, 2011
2002 – 2005	Mercury Mountaineer	March 23, 2010 - February 18, 2011
2003 - 2004	Lincoln Aviator	March 23, 2010 - February 18, 2011

Ford Explorer and Mercury Mountaineer vehicles equipped with 2-Stage driver bags were identified by eliminating all reports whose VOC Position 062 did not equal "B".

Criteria applies for vehicles manufactured for sale or lease in the United States, District of Columbia, Puerto Rico, Northern Mariana Islands, Guam, American Samoa and the Virgin Islands.

## Part Numbers (Reported)

	Driver Air Bag	Clockspring
Vehicle	Base Part Number	Base Part Number
Ford F-150	15043B13	14A664
Lincoln Mark LT	15043B13	14A664
Ford Explorer	78043B13	14A664
Mercury Mountaineer	78043B13	14A664
Lincoln Aviator	78043B13	14A664
Lincoln Navigator	78043B13	14A664

## Customer Concern Code(s):

CCC	Description
S38	Air bag (SRS) troubles
S39	Air bag warning light troubles
S40	Other restraint troubles

## EA10-001 FORD 3-4-2011 Appendix C



## Fonseca, Lourdes (.)

From: Sent: To: Subject: Fonseca, Lourdes (.) Friday, October 01, 2010 4:13 PM 'rcao@forddelsur.com' de Lourdes Fonseca con Ford Motor Company Puerto Rico

PRIVILEGED & CONFIDENTIAL

This e-mail may contain privileged communications. If you have received it in error, please delete it immediately and notify the sender.

Roberto,

Saludos!

Me dice Tom Hill que utilices el siguiente codigo como el "approval code"

NE4SB

Cualquier cosa puedes llamarme al 1-800-841-3673 o al 313-317-7396

Gracias!

Lourdes

Lourdes Fonseca-Nearon Customer Relations Analyst Ford Export Operations & Global Growth Initiatives, CSO

Puerto Rico/VI, Asia Pacific, Sub-Saharan Africa, Israel, and Caribbean & Central America regions.

1555 Fairlane Dr. C# 151E Allen Park, MI 48101 313-317-7396 e-mail: Ifonseca@ford.com

## Fonseca, Lourdes (.)

From:	Hill, Thomas (T.C.)
Sent:	Friday, October 01, 2010 12:35 PM
То:	Fonseca, Lourdes (.)
Subject:	RE: OGC DIRECTED REPAIR

Ok, that's fine. Also, tell them to input approval code: **NE4SB** 

From: Fonseca, Lourdes (.) Sent: Friday, October 01, 2010 12:33 PM To: Hill, Thomas (T.C.) Subject: RE: OGC DIRECTED REPAIR

He is just ordering the part, so we don't have the r.o. number yet, Once I get it I will let you know. Just giving you a heads up in the event the dealership puts it through and forgets to call me...

From:	Hill, Thomas (T.C.)	
Sent:	Friday, October 01, 2010 12:29 PM	
To:	Fonseca, Lourdes (.)	
Subject:	RE: OGC DIRECTED REPAIR	

Ok. What is the P/A Code & R/O number?

From: Fonseca, Lourdes (.) Sent: Friday, October 01, 2010 11:29 AM To: Hill, Thomas (T.C.) Subject: OGC DIRECTED REPAIR

**PRIVILEGED & CONFIDENTIAL** 

This e-mail may contain privileged communications. If you have received it in error, please delete it immediately and notify the sender.

Tom,

You are going to come across (in the near future-approx 2 weeks) a warranty claim that has been OGC approved. We actually talked about this a while ago, but I just received the custome's signed release (they fired their previous attorney...long story). Anyways, I will need you to do whatever it is you do to approve it. The customer information is as follows:

Customer Name: **Example 1** VIN: 1FTRF12245N 2005 Ford F-150 Cudl Number:1452771310 Dealership: Ford Del Sur, Ponce Puerto Rico Service Mgr: Roberto Cao Repair: Driver's side airbag

## Thanks!

Lourdes

Lourdes Fonseca-Nearon Customer Relations Analyst Ford Export Operations & Global Growth Initiatives, CSO

Puerto Rico/VI, Asia Pacific, Sub-Saharan Africa, Israel, and Caribbean & Central America regions.

1555 Fairlane Dr. C# 151E Allen Park, MI 48101 313-317-7396 e-mail: Ifonseca@ford.com

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Server: AWS Prod Claims loaded through: 10-MAY-2010

# **Vehicle Information Report**

GENERAL VI	EHICLE INFOR	MATION:	GENERAL VEHICLE INFORMATION: (Related Claims)		
VIN:	1FTRF12245N	Veh Line:	T/F6 - P221/P397/P415 [04-11]	Body Shell:	*
Model Year:	2005	Market Derived: F - FORD	F - FORD	Navis Eng Serial No: 030569447236	030569447236
Veh Type:	Т	Drive Code:	T/B - 2 WHL L/H REAR DRIVE	Engine:	T/LY - 4.2L OHV EFI NA V6 GAS
Inv. Dealer:	9A051	Body Cab Style:	- SINGLE CAB (REGULAR CAB) Transmission:	<b>Transmission:</b>	T/FW - 4 SPD A/T AODEW/4R70E W/TSS
Vehicle Status Code:	008	Version/Series:	T/AM - 150 SERIES		
Trace Eng Serial No:	-24-	5	Trace Eng Serial No: 123456678		
E1500 18030569447236	6				
<b>Trace Trans Serial No:</b>					
A4321 310305FEC0033584	584				

## **BUILD INFORMATION:**

Country:	
	NA
<b>Prod Date:</b>	Plant:
14-APR-2005	AR - NORFOLK PLANT BUILD

## SALE INFORMATION:

Sale Date:	Arrival Date:		Country:	Region:
			PRI	WD
07-NOV-2005 Fleet/Retail/Co. Lease: R	19-APR-2005 Red Carpet Lease:	<b>Buyer St/Prov:</b>	Selling Dlr St/Prov:	Selling Dealer [code]: [9A051 - *]
o. Lease:	ease:	*	*	[9A051
R	*			<u>*</u>

## VOC/EOC:

Warranty Start Date: 07-NOV-2005 Modified Vehicle: Orig Warranty Date: 07-NOV-2005 Reacquired Vehicle:

\* Vehicle Count Flag: Y \* Vehicle Export Flag: Y

							01	EX001			L2ARO	502A L2ARO	T A AT
	AE	41VAYZ	2 PO9YA002 41VAYZ	WC2	27	N	N	72	A19 7	2B B	K 9S18C5594	126 G	125NB47586
-		8	7		6		C/T	i		4	23		22

# INSTALLED OPTION INFORMATION:

Air Conditioning:	T/B - MANUAL AIR CONDITIONER	GVW Code:	
Alternator Amp Rating: 5B		<b>GVW Class Code:</b>	R
Audio Disk:	[N/A]	Instrumentation:	* - [N/A]
Axle Ratio:	- 3.55 FINAL DRIVE RATIO	Mirror(Driver Side):	Mirror(Driver Side): AQ - DRIVER PADDLE FOLD AWAY MIRROR
Axle Type:	AXLE	Mirror(Psngr Side):	EGJAB - NON-LIMITED SLIP REAR AXLE Mirror(Psngr Side): AQ - PASS PADDLE FOLD AWAY-CONVEX
Battery Amp Rating:	ME	Paint:	PMYAF - WHITE C/C
Brake Code:	* - [N/A]	<b>Power Antenna:</b>	* - [N/A]
Brake Code(Service):	* - [N/A]	Radio:	AF - ELECTRONIC AM/FM/STRO/CLOCK
Calibration Code:	5F612A0A	Sound System:	* - [N/A]
Color(Accent):	* - [N/A]	Suspn Tandem Axle:	
Color(Trim):	000NA - MEDIUM FLINT	Tire Manufacturer: HA - Hankook	HA - Hankook
Delivery Type:	*	<b>Tire Brand:</b>	9CPJNH - DynaPro AS
Driveshaft Code:	.*	Tire Size:	D3KJG - P235/70R 17 A/S BSW TIRES
Front Seat:	T/K - SEAT-SPLIT BENCH	<b>Traction Control:</b>	AA - LESS ANTI-SPIN TRACTION BRAKES
Fuel Type:	AF - UNLEADED FUEL CAPABILITY	Wheel Base:	

## TIRE DOT INFORMATION:

×	T79CPJNH0705 RR	T79CPJNH0705 RF:
RI:	RR:	RF:
*	T79CPJNH0705	T79CPJNH0705

LR:

LF:

SPARE: T79CPJNH???? DOT Plant Manufacturer: T7 - HANKOOK TIRE MFG. CO. ; LTD. ; MOKSANG-DONG ; DAEDUK-KU DAEJUN LI:

# **ESP INFORMATION: EMISSIONS INFORMATION:**

ESP Code: *	* Emission Code:	DGAAB - DGAAB
ge(Miles):	* Emission Cert Type:	*
	* Emission Decal Suffix:	MAA

- MAA
- \* Engine Family: 5FMXT042PH4
- **ESP Signature Date:** ESP Plan Year:

# Any comments? You can contact



11736

5/11/2010

http://www.quality.ford.com/aws/cgi-bin/jlu/vehinfo.pl

Claims List Report

Server: AWS Prod Claims loaded through: 10-MAY-2010

# STANDARD CLAIMS LIST

**AWS Online Report** 

Note: All Costs are in US Dollars Server Name: AWS Prod Claims loaded through Run Date: 11-MAY-2010

1 1	Tech Comments:	<b>Cust Comments:</b>	Dir Cd-Sub Cd:	AWS Claim Key:	IFTRF12245N	VIN	
verific	SE VER	CLIENT	F0R43-* Name:	4588942 Doc #: 154853A	F6	AWS VL	
il i	FICO PI ADO DE	E ALEG	Name:	Doc #:	T/F6	WERS VL	
weh	S SISTE	A UNID.	SENO	154853	F	MKT DER	
in s	E FRENC	AD EL P	RIAL FO	3A	T/BB	BODY CAB	
bruhe	SE VERIFICO PEDAL DE FRENO PIERDE PRESION Y VIBRA.SE HIZO ROAD TEST, PRESENTO SANGRADO DES SISTEMA ABS CON WDS.SE REALIZO ROAD TEST, CONDICION NORNMAL	CLIENTE ALEGA UNIDAD EL PEDAL DE FRENO PIERDE PRECION Y EMPIEZA A VIBRAR EL PEDAL	SENORIAL FORD (AUTOSUMMIT INC)	Trx Code:	T/AM T/B	VER SERIES	
ped	SE REAL	RENO PI	SUMMIT		T/B	DRIVE TYPE	
al	Y VIBRA.	ERDE PRI	Ph:	2	AR	PLANT CD	
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					63	CD	

Any comments? You can contact

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webmaster

 $http://www.quality.ford.com/aws/cgi-bin/jlu/clmlist20.pl?srvr=AWSPPRDDG\&modelyr=2005\&vin\_cd=1FTRF12245NB47586$ 

5/11/2010

Page 1 of 1



Ford Motor Company Export Operations and Global Growth Initiatives Fairlane Business Park 3 1555 Fairlane Dr. Allen Park, MI 48101

July 2, 2010

Mr. Ricardo Ruiz Diaz Ruiz & Reyes Law Offices P.O. Box 1232 Fajardo, P.R. 00738

### Re

2005 Ford F-150 Truck VIN: 1FTRF12245N Dear Mr. Ruiz,

We have received your letter dated June 28, 2010 stating you have advised your client not to accept our offer to repair his vehicle.

Please note our offer was made as a goodwill offer in the interest of maintaining positive customer satisfaction. Your statement regarding injuries is perplexing as your client explicitly stated he was not injured. Mr. Rivera expressed on two occasions that he was not pursuing any medical claims. His commentary was that he simply visited the hospital as a precaution and was given an eyewash.

Ford Motor Company believes that our previous offer was representative of our good faith and reasonableness. As you have advised your client to reject our after warranty goodwill offer we will close our file accordingly.

Sincerely,

Lourdes Fonseca-Nearon Customer Relations Analyst



Ricardo Ruiz Díaz Francisca Reyes Ferrer

ruiz@ruizreyeslaw.com reyes@ruizreyeslaw.com

June 28, 2010

FAX: 313-390-0804

## Ford Motor Company

Attention: Ms. Lourdes Fonseca-Nearon Fairlane Business Park 3 Cube 151-E 1555 Fairlane Dr. AllenPark, MI 48101 Email: prcac@ford.com

RE: VIN: 1FTRF12245N 2005 F-150

Gentlemen:

I feel that rather than setting up such a grim scenario, FMC should firstly assent to repairing the airbag systems in order to mitigate damages. Once Mr. The has completed his medical evaluation for injuries and is informed as to a prognosis, we would be willing to offer FMC a formal extrajudicial demand for settlement. In the meantime, I suggest FMC arrange for the airbag systems repairs so that the vehicle can be freely.

Since time is of essence, I suggest FMC hasty attention to this matter and look forward to timely response.

Cordially yours

Ricardo Ruiz Díaz

P.O. Box 1232, Fajardo, P.R. 00738 Calle 1 A-1 Santa Isidra IV, Fajardo, P.R. 00738 Tel. (787) 636-9108 / 801-8754 / Fax (787) 801-6986 Received Fax :

Jun 28 2010 2:04PM Fax Station : FORD FAIRLANE BUSINESS PAR

Jun 28 10 02:42p

Ruiz & Reyes

787 801-6986

p.1



RUIZ & REYES LAW OFFICES

Ricardo Ruiz Díaz Francisca Reyes Ferrer

ruiz@ruizreyeslaw.com reyes@ruizreyeslaw.com

June 28, 2010

FAX: 313-390-0804

Ford Motor Company Attention: Ms. Lourdes Fonseca-Nearon Fairlane Business Park 3 Cube 151-E 1555 Fairlane Dr. ÁllenPark, MI 48101 Email: prcac@ford.com

RE: VIN: 1FTRF12245N 2005 F-150

Gentlemen:

This legal firm has undertaken representation of Mr. Claim regarding an inadvertent airbag deployment and resulting injuries. We understand that Ford Motor Company (FMC) has completed a preliminary investigation of the incident and offered to repair the airbag systems, but has conditioned this repair to Mr. Signing a full liability release. Obviously, this requisite is unacceptable and rather than providing a reasonable solution to the issue, practically constitutes an inducement to litigate.

I feel that rather than setting up such a grim scenario, FMC should firstly assent to repairing the airbag systems in order to mitigate damages. Once Mr. That has completed his medical evaluation for injuries and is informed as to a prognosis, we would be willing to offer FMC a formal extrajudicial demand for settlement. In the meantime, I suggest FMC arrange for the airbag systems repairs so that the vehicle can be freely.

Since time is of essence, I suggest FMC hasty attention to this matter and look forward to timely response.

Cordially/yours Ricardo Ruiz Dia P.O. Bo

1232, Fajardo, P.R. 00738 ♦ Calle 1 A-1 Santa Isidra IV, Fajardo, P.R. 00738 Tel. (787) 636-9108 / 801-8754 / Fax (787) 801-6986



Fairlane Business Park 3, Cube 151-E 1555 Fairlane Dr. Allen Park, MI 48101

20 de Mayo de 2010

Sr. José Rivera Ortiz Urb. El Mardigan 3E35 Ponce, PR 00730-1415

Re: VIN: 1FTRF12245N 2005 F-150 Reparación de la Bolsa de Aire

Apreciable Sr.

Gracias por su correspondencia.

Ford Motor Company ha investigado su caso y autoriza la reparación de su auto. Adjunto a este fax encontrara el acuerdo de transacción y relevo mutuo, favor de firmar e inviar a mi oficina. En cuanto lo reciba firmado, hablare al concesionario para hacer los tramites necesarios para empezar la reparación de su vehiculo.

Si necesita asistencia adicional o en dado caso que tenga una duda, se puede comunicar directamente conmigo al 1-800-841-3673.

Atentamente,

Mules

Lourdes Fonséca-Nearon Servicio al Cliente Operaciones de Exportación e Iniciativas de Crecimiento Global Puerto Rico/VI, Asia Pacific, Sub-Sahara Africa, Israel, y el Caribe & Centro America. Correo electrónico: <u>prcac@ford.com</u> Número de Fax: 313-390-0804

Adjunto: Transacción Y Relevo Mutuo

Action Detail

VIN: 1FTRE12245N	Year: 2005	Model: F-SERIES	Case: 1452771310
Name: MR	Owner Status: Original	WSD: 2005-11-07	
Symptom Desc: RESTRAINTS AIR BAG SYSTEM DEP	LOYMENT	Primary Phone:	
Reason Desc: LEGAL - ALLEGED SRS MALFUNCTION		Secondary Pho	
Issue Type: 07 LEGAL	Issue Status: OPEN	Dealer: CAGUAS EX	PRESSWAY MOTORS, INC
Origin Desc: EXPORT OPERATIONS-GLOBAL GROW	TH INITIATIVES	P & A Code: F0R70	
Action Desc: FIELD - OPEN CONCERN ISSUE			
Odometer: 1 MI	Comm Type: INBOUND (	CUSTOMER MAIL	
Action Date: 05/11/2010	Action Time: 12:34:36:47	70 Action Data: No	
Analyst Name: FONSECA, LOURDES NEARON (L.C.)	Analyst: LFONSECA		

COMMENTS: CUSTOMER ALLEGES AIRBAG DEPLOYED WITHOUT IMPACT/ACCIDENT. STATES HE WAS SITTING IN VEHICLE WITH ENGINE RUNNING WHEN AIRBAG DEPLOYED. HE EXPERIENCED EYE IRRITATION AND VISITED ER.

Ford Confidential

Report Applies to Country Code: USA

## OASIS RESULT: 1FTRF12245N

USA EN

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## VEHICLE INFORMATION

VEHICLE DESCRIPTION 2005 F-SERIES LD

BODY STYLE F-150 REG CAB STYLE SIDE 4X2 4.2L EFI

ENGINE

5F612A0A

6500 LB. GVW

TRANSMISSION 4R70E PAINT COLOR

OXFORD WHITE SOLID C/C

**AXLE RATIO** 3.55 FINAL DRIVE RATIO AM/FM/STRO/CLOCK WHEEL SIZE

AXLE CODE

ELECTRONIC

19

RADIO

FRONT TIRE 17X7.5 5 SPOKE ARGENT STEEL P235/70R 17 A/S BSW TIRES

**GROSS VEHICLE WEIGHT** 

ENGINE CALIBRATION

## WARNING MESSAGES

CUDL - THIS VEHICLE HAS AN OPEN CUDL LEGAL CONTACT VERIFY VIN/WARRANTY COVERAGE VEHICLE SOLD IN PUERTO RICO SERVICE INFO MAY BE UNAVAILABLE

## ARN MESSAGES

## GENERAL WARRANTY INFORMATION

OUTSTANDING FIELD SERVICE ACTIONS

WARRANTY START DATE 11/07/2005

**BUILD DATE** 04/14/2005

SALE MILEAGE

## NO CAMPAIGN MESSAGE(S) FOUND

EXTENDED COVERAGES

NO ESP INFORMATION AVAILABLE

## WARRANTY REPAIR HISTORY

NO RECENT REPAIR HISTORY ON VEHICLE

END OF OASIS REPORT FOR 1FTRF12245N

**Click Here for Full Warranty History** 

http://www.vrep.fordtechservice.dealerconnection.com/vdirs/oasis/oareq.asp?backto=NON... 5/11/2010

05/11/2010 12:35:39 FCXWS446

	VIN FSA Details	
	* Confidential *	
VIN:	1ftrf12245n	
FSA Status:	All FSA	
Brand:	FORD	
Manufacturing Country:	USA	

		FSA Detail	s			
		Vehicle Deta	nils			
Model Year:	2005		Assembly Plant:		NORFOLK	PLANT BUILD
Vehicle Line:	F150/LINCOLN	MARK LT	Production Date:		14-Apr-20	05
Body Style Descrip	tion: SINGLE CAB (RE	GULAR CAB)	Warranty Start D	ate:	07-Nov-20	005
Vehicle Type Desc	ription: TRUCK		Sale Date:		07-Nov-20	005
VDM Vehicle Statu	s: 800		Engine Tag Code		5G702AB	
Emissions:						
		Vehicle Condi	tions			
Code	Vehicle Condition	Beg	in Date	End	Date	Source

**Owner Details** 

No Owner(s) data found for this VIN, Contact Systems

	P&A Code	GEO Sales	Sales Code	Sub Code	Desc	riptio	n
Ordering	9A051	958			NOT AVAILA	BLE	
Ship-To					NOT AVAILA	BLE	
Stocking	FOR95	PRI	E9A051		Bayamon Fo	rd	
Selling	F0R95	PRI	E9A051		Bayamon Fo	rd	
			FSA Details				
		I	FSA Counts				
FSA Cate	egory	Repair Eligible (Ope	n)	Repair Ineligible	(Closed)		Total
Tota	ıl		0			0	1

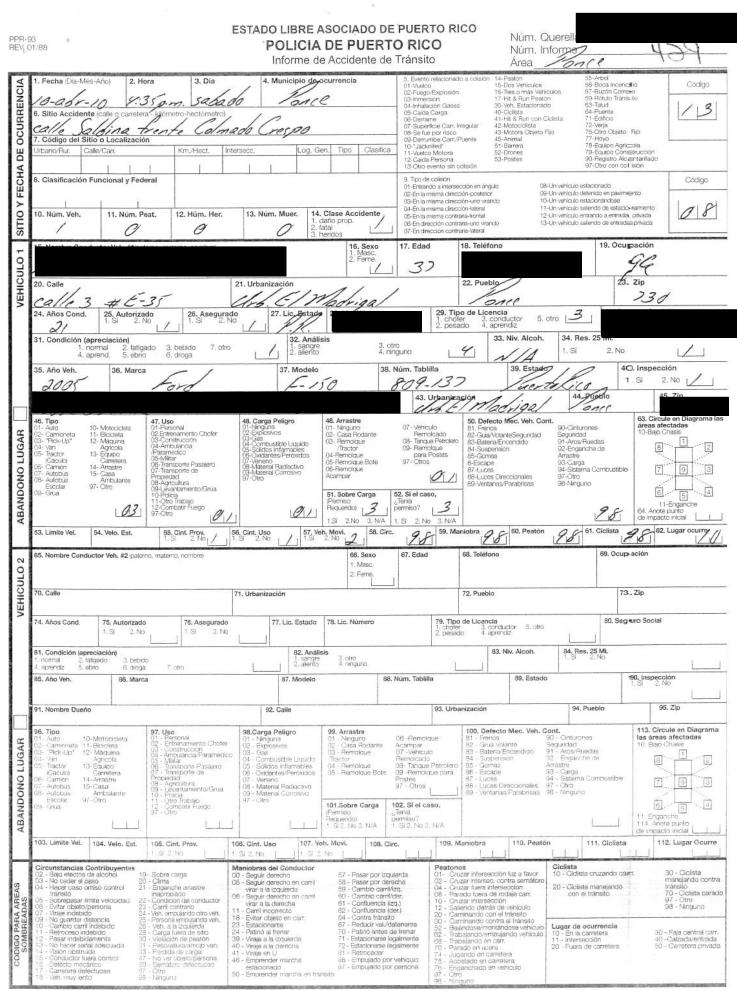
Page 2 of 2

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NANA OEBHIAC	ado de ti	TULO		
01may2009 09:50:51	NUMERO DE REGIST	80	FECHA REGISTR	
A 3766823 28feb2006			Ø7nov2	
	MARCA	MODELO	AÑO	NUM. CILINDROS
1FTRF12245N	ford f150		2005	ØE
CAP CARGA PESO NUEVO USADO	TITULO ANTERIOR ESTA	DO	ODOMETRO	COLOR
2,000# 0# Nuevo	CertOrig	MI	13	blance
NOMBRE Y DIRECCION DEL DUEÑO REGISTRAL:				
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PRIMER GRAVAMEN (VENTA CONDICIONAL)			DIA	-MES-AÑO
SEGUNDO GRAVAMEN (OTROS)				
CANCELACION GRAVAMEN				
EL (LOS) ABAJO FIBMANTE (S) TENEDOB (E	S) DEL GRAVAMEN SOB	RE EL VEHIC	ULO DE MOTO	R DESCRITO
(2) FIRMAS)	PAGADO (SI MAS DE U	JN GRAVAMEN	DEBERAN APA	ARECER DOS
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## ESTADO LIBRE ASOCIADO DE PUERTO RICO POLICIA DE PUERTO RICO

Núm. Querella Núm. Informe

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Informe de Accidente de Tránsito (continuación)

	115. Nombre	115A VEH.	116. Sexo	117. Edad	118. Herido	s 119. Tipo Lesión	120. Expulsión	121. Primeros Auxilios por	Equipo de	Seguridad		
	122. Dirección							Cinturón Faida 03 - En uso Equi, Seg. Motora 10 - Ubliza casco	Peatón/Ciclista 16 - Vestimenta 98 - Ninguno en uso 99 - Desconocido			
	123. Transportado a:	124. Transportado por:					Equí. Seg. Niños 29 - Asiento para niños					
	125. Nombre	125A VEH.	126. Sexo	127. Edad	128. Herido	s 129. Tipo Lesión	130. Expulsión	131. Primeros Auxilios por	Cinturón Falda 03 - En uso	Peatón/Ciclista 16 - Veslimenta		
SO	132. Dirección							Equil. Seg. Motora 10 - Uliliza casco Equil. Seg. Niños	98 - Ninguno en uso 99 - Desconocido			
JERT	133. Transportado a:	134. Transportado por:					29 - Asiento para niños	<sup>166.</sup>				
NOMBRE DE HERIDOS O MUERTOS	135. Nombre	135A 136. Sexo VEH.		137. Edad	138. Herido	s 139. Tipo Lesión	140. Expulsión	141. Primeros Auxilios por	Cinturón Falda 03 - En uso	Peatón/Ciclista 16 - Vestimenta		
ERIDO	142. Dirección								Equi. Seg. Motora 10 - Utiliza casco Equi. Seg. Niños	98 - Ninguno en uso 99 - Desconocido		
DEH	143. Transportado a: 144. Transportado por:								29 - Asiento para niños	167.		
MBRE	145. Nombre	145A VEH.	146. Sexo	147. Edad	148. Herido	s 149. Tipo Lesión	150. Expuisión	151. Primeros Auxílios por	Cinturón Falda 03 - En uso	Peatón/Ciclista 16 - Vestimenta		
NON	152. Dirección								Equi. Seg. Motora 10 - Utiliza casco Equi. Seg. Niños	98 - Ninguno en uso 99 - Desconocido		
	153. Transportado a:			154. Transı	oortado por:				29 - Asiento para niños	168.		
	155. Nombre	155A VEH.	156. Sexo	157. Edad	158. Herido	s 159. Tipo Lesión	160. Expulsión	161. Primeros Auxilios por	Cinturón Faida	Peatón/Ciclista		
	162. Dirección			1				1	03 - En uso Equil. Seg. Motora 10 - Utiliza casco	16 - Vestimenta 98 - Ninguno en uso 99 - Desconocido		
	163. Transportado a:  164. Transportado por:								Equi. Seg. Niños 29 - Asiento para niños	169.		
_	Heridos Tipo de lesión Expulsión Primeros Auxili											
	Anotar los siguientes códigos 1. Conductor 5. Motocia	Anotar los siguientes códigos correspondientes a los heridos o muertos.       1. Conductor       5. Motociclista       02 - Herido Leve       00 - Ninguna       04 - Atrapado       1. Ambulan         0. Pasajero       96 - No aplica       03 - Herido       02 - Completa       96 - No aplica       04 - Atrapado       2. Médico         0. Pasajero       97 - Otro       97 - Otro       99 - Desconocido       3. Paraméd       4. Policia         172. Descripción del accidente. Utilice la hoja suplementaria para la descripción del accidente. Para más de dos       94 - Atrapado       4. Policia								cia 97 - Otro 98 - Ninguno		
	172. Descripción del accidente. Utilice la hoja suplementaria para la descrip vehiculos o 5 heridos y/o muertos utilice sets adicionales.											
	173. Defectos en carr. 04 - Paseo/Cuneta-baja 05 - Paseo/Cuneta-aita 05 - Hoyos, etc. 18 - Concreto 19 - Seco 19 - S	nados a colisión         02 - Naturaleza         96 - No aplica         1. Rec           cas         07 - Apeite         03 - Pércida Carga         97 - Otro         2. Rec           coles         97 - Otro         04 - Objeto en carr. caido         3. Rec         4. Rec           mado sa event.         04 - Objeto en carr. caido         6 - vent.         5. Curo         5. Curo					Características de carretera ecta-lana 7. Curva-cuesta-amba ecta-cuesta abajo 8. Curva-tope colina ecta-cuesta amba 97. Otro urva-tiana urva-cuesta abajo					
	97 - Otro 98 - Ninguno 29 - Dtro 97 - Otro 97 - Otro 97 - Otro											
	01 - Edificios 09 - Cegado por el sol 14 - Lluvia en 01 - F			ema, ceda e	182. ¿Cont en Función	1? 1.	Isleta	stos separados po 5. Barrera mel	tal 1. Un carni	5. Cinco carriles 6. Seis o más		
	03 - Arboies 11 - Polvo 96 - No obstruida 05 - 05 - Colinas 12 - Cegado por 97 - Otro 06 - 3 06 - Curva en carr. luces 99 - Desconocido 07 - 3	Control pea Semáloro Semáloro	97 - C	'ona no pasar )tro linguno	1. Si 2 3. N/A	3.	2. Línea sencilla 7. Verja 3. Línea doble 97. Otro 4. Barrera hormigón 99. Ning		2. Dos carriles 3. Tres carriles 4. Cuatro carriles	carnies		
		intermitente 08 - Sema de pare			β L	031	2		185. Carr. de una dirección 1. Si 2. No	sola		
	186. Visibilidad         187. Clima         188. Zone           01 - De dia         06 - Oscuro         01 - Nebilina         01 - Reside           02 - Amagerra         04 - Viento         04 - Viento         01 - Reside	Daños a 194. Descripción de propiedad afectada ledad no Descripción										
	02 - Atlantecer 99 - Desconocido 05 - Claro 02 - Industri 03 - Atardecer 99 - Desconocido 06 - Nublado 04 - Comerci 05 - Oscuro 0 - 07 - Lluvioso 0 - 05 - Escolar	hinguna visible roco Koderado, A										
	alumbrado 97 Otro 0 16 06 - Parque 190. Hora notificación 191. Hora Policía Ilegó 192. Hora notific a Policía SEM	evero 212										
	5.30 P.M. 5.2 P.M.											
	195. Nombre dei testigo 196. D						197, Teléfono					
	198. Nombre del testigo 199. D						200. Teléfona					
	201. Normer Policia (Letra de policia)     202. Placa del Policia     203. Precinto Distrito o Unidad de Tablado       201. Normer Policia (Letra de policia)     202. Placa del Policia     203. Precinto Distrito o Unidad de Tablado       201. Firma Policia investigador     202. Placa del Policia     203. Precinto Distrito o Unidad de Tablado       201. Firma Policia investigador     205. Fecha     205. Nombre Supervisor (Letra de molte)											
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	Dia Mes Año 24+0-1440/015 1/1/02/24							14/CXQ1040 208. F	echa .			
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PPR-94 REV. 01/88

### ESTADO LIBRE ASOCIADO DE PUERTO RICO POLICIA DE PUERTO RICO

Núm. Querella

Núm. Informe 2

Area Longe

Informe de Accidente de Tránsito

DESCRIPCION DEL ACCIDENTE Norte 1. Dibuje con líneas sólidas los carriles o carr. Indique lo que sucedió 2. Nombre las calles o carreteras en este diagrama 3. Ilustre los vehículos o peatones así Vehículos 1 2 > < Peatones 0 4. Las flechas con líneas sólidas indican dirección antes del impacto, use líneas cortadas para flechas que indican dirección después del impacto. INVESTIGACION REALIZADA NARRATIVO DEL ACCIDENTE Haga un breve resumen de como sucedio el accidente. Diga nombre de los testigos y 01 En el sitio del accidente resolución del juez. Incluya cualquier otra información. 02 Fuera del sitio del accidente L que ntorma -1 500 aun imadas 201 expira en may numera rajeros. Anum Placa del Policía Investigador Nombre del Policia Investigador, (Letra de molde 22157 Fecha (Dia-Mes Policia Investigado de/Supervisor Fecha 7509 inco 2010 dal















## EA10-001 FORD 3-4-2011 Appendix D

## Appendix D - Crash/Injury/Accident Claims

			Report					Alleged	Alleged	Alleged	Alleged
MY	MODEL	VIN	Date	Mileage	Cat	Source	Inquiry	Accident	Fire	Injury	Fatality
2004	F-150 (P221)	1FTPW12584K		100000	B1	OGC	EA10-001		Ν	1	
2004	F-150 (P221)	1FTRW12W04K	8/19/10	138000	B1	OGC	EA10-001		Ν	1	
2004	F-150 (P221)	1FTRW12W04K	9/5/10	120000	B1	OGC	EA10-001		Ν	1	
2004	F-150 (P221)	1FTPW14514K	9/21/10	10000	B1	OGC	EA10-001		Ν	1	
2004	F-150 (P221)	1FTRX12W84N	9/22/10	112000	B1	OGC	EA10-001		Ν	1	
2004	F-150 (P221)	1FTPW12564K	11/17/10	78000	B1	OGC	EA10-001		Ν	1	
2004	F-150 (P221)	1FTPW14574K	2/12/11	127191	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRX12WX5N	12/7/10	68733	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRX12W15N		124000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRF12W15K		83000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRF12W15N		98000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTPX12525N		76000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRW12W35K	8/30/09		B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTPX12565N	3/29/10	1	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRF12225N	4/7/10	65000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRX12WX5N	4/28/10	123000	A1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRF04W95K	5/13/10	94457	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTPX14525N	6/4/10	57900	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRF12285N	6/24/10	70000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRX14W65N	8/17/10	82129	B1	OGC	EA10-001		Ν	2	
2005	F-150 (P221)	1FTRX12W65N	9/2/10	60869	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRW12W35K	9/3/10	143726	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRX12W05N	9/8/10	112000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRX14W65N	9/17/10	95101	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRF12225N	10/20/10	90000	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTPX14545N	11/1/10	137261	B1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRF12W75N	1/17/11	38359	A1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTVX12545N	2/14/11	94703	A1	OGC	EA10-001		Ν	1	
2005	F-150 (P221)	1FTRX12W65K	2/9/11	14808	A1	CQIS	EA10-001			1	0
2006	F-150 (P221)	1FTRF12276N	8/24/10	75000	B1	OGC	EA10-001		Ν	1	
2006	Mark LT	5LTPW18536F	11/16/10	61000	B1	OGC	EA10-001			1	
2002	Explorer 4-Door	1FMZU73W42Z	9/16/10	120000	B1	OGC	EA10-001			1	
2003	Aviator	5LMEU78H23Z	9/27/10	127000	B1	OGC	EA10-001			1	

## EA10-001 FORD 3-4-2011 Appendix E



BEGINNING OF CONTACT VOICE OF THE CUSTOMER TRACKING SYSTEM 08.00.06 06/25/2010 0561921750 OGC ISSUE CASE NBR: N2 BOSTON ZONE: A02 OPENED: 06/24/2010 REGION: 1FTRF12285N ENGINE: 2 VEH TYPE: Т CLOSED: 06/24/2010 VIN: \_\_\_\_\_ LAST NAME: STATUS: CLOSED FIRST NAME: TITLE: MI: S MR ADDRESS: STATE: RI ZIP: CITY: WARWICK HOME PHONE: 2005 MODEL YEAR: MODEL: F150 4X2 STYLESIDE REG CAB MILEAGE: 70000 FLOOD FORD OF EAST P & A: 04005 DEALER NAME SALES CODE: F11019 **REASON CODE:** 0796 LEGAL - ALLEGED INJURY 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT SYMPTOMS: **ORIGIN:** CACI38 US CONCERN CASE BASE COMMUNICATION: PHONE CONTACT ADVANCED TO OGC ACTION: 705 DOCUMENT: ANALYST: PRYAN48 RYAN, PELE DATE: 06/24/2010 TIME: 15.36.31: ACTION DATA/COMMENTS: CUSTOMER SAID: =ACCIDENT/AIRBAG DEPLOYMENT=JUNE 24 2010 HAPP 23.211 ENED AT 3 PM=WAS DRIVING, JUST BACKED UP WENT FORWARD AND AI RBAG WENT OFF=CUT MY ARM LEFT ARM=TOOK HOME AND CALLED DLRSH 1.2 enter de Calder P=THEY SAID WOULD LOOK AT VEH=STEERING WHEEL AIRBAG=WHAT DO I DO NOWDEALER SAID: FLOOD FORD OF EAST GREENWICH2545 SOUTH COUNTY TRAILEAST GREENWICH, RI 02818TEL:(401) 884-4000CRC AD VISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF T HE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE W ITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER

TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING I SSUE.=CUST STATING AIRBAG DEPLOYED WITHOUT REASON=CUST STATE S WAS INJURIED=VARIFIED CUST ADDRESS AND INFORMATION=CUST ST

ATING TAKING TO DLRSHP FOR THEM TO LOOK AT



(a)

FORD MOTOL COMPARIN RECEIVED CLAMS (MMT

JUL 1 5 2010

OPERAL COUNSEL

From: dcpform@ford.com [mailto:dcpform@ford.com] Sent: Friday, July 09, 2010 7:26 PM To: Ordcalp, F (F.); Taylor, Alma (A.) Subject: Dealer/Fleet Request For OGC Review

## **Dealer/Fleet Request For OGC Review**

Dealership/Fleet Name: arlington heights ford Requesting Dealer/Fleet: arlington heights ford Contact Person: Jerry hood Title: service director Address: 801 w dundee rd Telephone: 8478701300x 3 Email Address: j-hood3@dealeremail.com PA Code: 01539 Region: chicago City: chicago Dealer State: IL Fax Number: 8478701330 WSD: 02-08-2005 Vehicle Year: 2005 Vehicle Model: f150 Vehicle VIN: 1ftrf14565n Mileage: 71758 Customer/Flee Street Address City: arlington heights State: Illinois Zip Code:

7/15/2010

**Home Phone:** Work Phone: Customer Region: G1 - Chicago Date of Incident: 07/09/2010 County in which incident occurred: usa Is Alleging Defect: Yes Alleging defect detail: customer states air bag exploded, when turning key to on postion Police Report Filed: No **Insurance Company Contacted:** N Insurance Company Advice: Service director advise customer to contact insurance company Insurance Company Contact Information: unknow Coach Builder: no Coach Builder State: AK - Alaska Vehicle Location: arlington heights ford, 801 w dundee rd, arlington heights il 60004 Resolution Sought Detail: unknown Comments: Service director inspected under carriage and body no visual damage told customer to contact insurance. he disagrees, claims air bag went off by its self

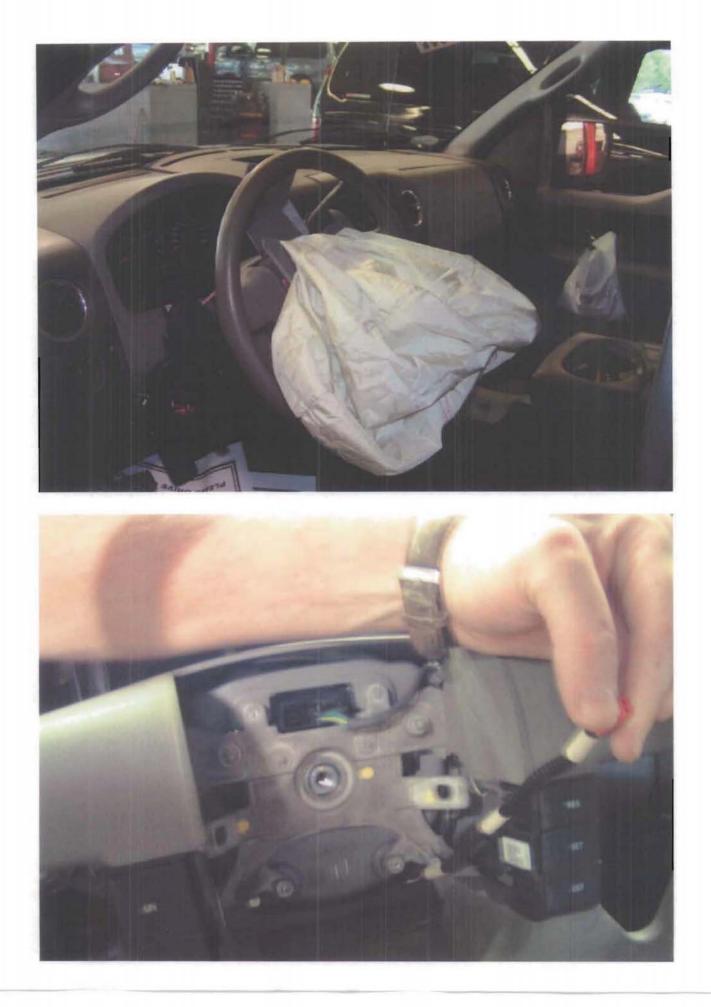
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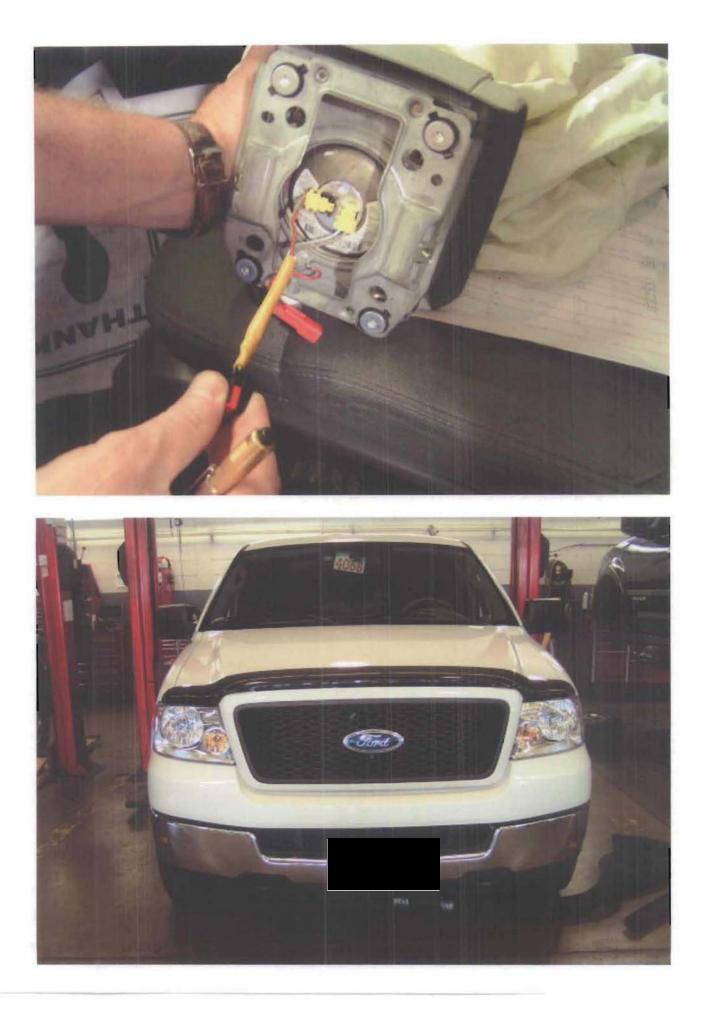
BEGINNING OF CO 07/15/2010		F THE CUSTOMER TRA	CKING SYSTEM		07.55.05
REGION: G1 CH VIN: 1FTRF145	IICAGO ZONI	ISSUE E: A02 INE: 5 VEH TYI	PE: T	CASE NBR: OPENED: CLOSED:	1132553138. 2010/07/14 2010/07/14
LAST NAME: TITLE: ADDRESS:		FIRST NAME:		STATUS: MI:	CLOSED L
CITY: HOME PHONE:	ARLINGTON HEIGHTS	STATE:	IL ·	ZIP:	
MODEL YEAR:	2005	MODEL:	F-SERIES	-	
MILEAGE: DEALER NAME: REASON CODE: SYMPTOMS:	71000 AL PIEMONTE'S ARL H 0796 LEGAL - ALLEGED 104457 RESTRAINTS A	INJURY	F41093 DYMENT	P & A:	01539
ORIGIN: CA ACTION: 70 DOCUMENT:	5 - CONTACT AD	I CASE BASE COMMUN VANCED TO OGC VIXTED WIXTED (JWIX)			
DATE: 2010/07/14 T ACTION DATA/COM				Fol	COMOTOR COMPARY RECEIVED CLAIMS UNIT
	OMER SAID: C/W			=	JUL 1 5 2010
DRIVI STAT DEPL THAT FORE	ER SIDE=CUST STATES T ES THAT HE HAS BRUISE OYMENT=CUST CALLED SINCE THERE WAS NO ( OS RESPONSIBILITY=CUS	THAT THIS HAPPENED ES ON HIS ARM FROM HIS INSURANCE COMI OTHER DAMAGE TO TH ST STATES THAT THE D	FRI JULY 9TH=CUS THE PANY AND WAS TO HE VEH, IT WOULD DLR TOLD HIM THA	ST OF GENI BE	SHOF OF THE ERAL COUNSES
CURF REPA PIEM ROAE	E IS NOTHING THAT THE RENTLY AT THE DLR=CUS IR TO THE VEH AND ANY ONTE'S ARLINGTON HEIG DARLINGTON HEIGHTS IL VARD YOUR INFORMATIC	ST SEEKING FORD TO / LOANER VEHDEALER GHTS FORD801 W. DUN . 60004(847) 346-3025CI	PAY FOR THE SAID: AL NDEE RC ADVISED: I WIL	L	

FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.CRC ADVISED CUST OF ABOVEINFO HAS BEEN VERIFIED

CONSUMER AFFAIRS

07/15/2010 FAXOGC1 CONFIDENTIAL



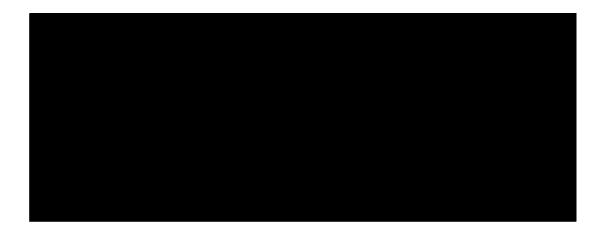




EA10-001.9 000009LC

BEGINNING OF 12/18/2010	CONTACT	VOICE OF THE	CUSTOMER TRAC	CKING SYSTEM		07.55.01
	HOUSTON 12584K	OGC ISSUE ZONE: AC ENGINE:		E: T	CASE NBR: OPENED: CLOSED:	1351153360. 2010/12/17 2010/12/17
LAST NAME: TITLE: ADDRESS:			FIRST NAME:		STATUS: MI:	CLOSED
CITY: HOME PHONE:	PFLUGER	VILLE	STATE:	ТХ	ZIP:	
MODEL YEAR: MILEAGE:	2004 100000		MODEL:	<b>F-SERIES</b>		
DEALER NAME: REASON CODE: SYMPTOMS:	MAC HAIK 0794 LEGA	FORD LINCOL AL - ALLEGED SRS M STRAINTS AIR BAG		F52146 YMENT	P & A:	07670
ORIGIN: ACTION: DOCUMENT:	705 - C	JS CONCERN CASE CONTACT ADVANCE NALYST: JARMOUF	ED TO OGC		FORD	MOTOR COMPANY
DATE: 2010/12/1		5 :				CLAIMD UDIT
ACTION DATA/C	OWIVIEN 15:					EC 21 2010

CUSTOMER SAID: -VEH WAS PULLING OUT OF DRIVEWAY AND THE DRIVER SIDE AIR BAG DEPLOYED FOR NO REASON-CUST SAID HE HAD TO TAKE THE DAY OFF OF WORK BECAUSE RINGING IN THE EARS AND BRUISED ON THE CHEST-CUST PAID \$1600 OUT OF POCKET FOR AIR BAG REPLACEMENT-CUST IS SEEKING REIMBURSEMENT FOR THE COST INCURREDDEALER SAID: MAC HAIK FORD LINCOLN MERCURY7201 SOUTH IH-35GEORGETOWN TX 78626(800) 720-3079CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN. NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.



BEGINNING OF CONTAC 11/19/2010		VOICE OF THE CUSTOMER TRACKING SYSTEM			
REGION: W1 LOS AN VIN: 1FTRW12W04K			Т	CASE NBR: OPENED: CLOSED:	692363220. 2010/11/18 2010/11/18
LAST NAME: TITLE: MR ADDRESS:		FIRST NAME:		STATUS: MI:	CLOSED R
CITY: LOS	SANGELES	STATE:	CA	ZIP:	
HOME PHONE: MODEL YEAR: 200	-	MODEL:	F-SERIES		
DEALER NAME: GAL REASON CODE: 079	000 LPIN FORD 6 LEGAL - ALLEGED INJUF 457 RESTRAINTS AIR BAG		F71040	P & A:	05373
ORIGIN: CACI38 ACTION: 705 DOCUMENT:	<ul> <li>US CONCERN CASE</li> <li>CONTACT ADVANCE</li> <li>ANALYST: KBROW3</li> </ul>	ED TO OGC			

DATE: 2010/11/18 TIME: 19.13.55 : ACTION DATA/COMMENTS:

> CUSTOMER SAID: ] DATE OF THE ACCIDENTSEPT 5TH] WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENTAIR BAG DEPLOYED AND SHOULDNT HAVE] IF THERE WERE ANY INJURIES SUSTAINEDYES. CUST'S NOSE WAS BROKEN] LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURREDHAPPENED IN THE DRIVEWAY OF CUST'S HOME] WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANYTHERE IS NO CLAIM] WHETHER OR NOT THE VEHICLE IS REPAIRABLEYES] WHAT THE CUSTOMER IS SEEKINGCUST SEEKING TO GET THE VEH REPAIRED AND FIND OUT WHY THIS HAPPENEDDEALER SAID: GALPIN FORDCRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

CONSUMER AFFAIRS

11/19/2010 FAXOGC1 CONFIDENTIAL



Page 1 of 2

From: dcpform@ford.com [mailto:dcpform@ford.com] Sent: Monday, November 01, 2010 4:04 PM To: Ordcalp, F (F.); Taylor, Alma (A.) Subject: Dealer/Fleet Request For OGC Review

# **Dealer/Fleet Request For OGC Review**

Dealership/Fleet Name: TIM CASTELLAW FORD L-M Requesting Dealer/Fleet: TIM CASTELLAW FORD L-M **Contact Person: ADAM CANNON** Title: SERVICE MGR. Address: 1620 FORREST ST. Telephone: 731-285-2500 Email Address: ADAMC1225@YAHOO.COM **PA Code:** 05172 Region: MEMPHIS City: DYERSBURG Dealer State: TN Fax Number: 731-285-8242 WSD: 02-28-06 Vehicle Year: 2005 Vehicle Model: F150 Vehicle VIN: 1FTPX14545N Mileage: 137261 Customer/Flee Street Address City: DYERSBURG State: Tennessee Zip Code: **Home Pho** Work Pho Customer Region: C3 - Memphis Incident Involves: Injury Date of Incident: 11/01/2010 County in which incident occurred: DYER Is Alleging Defect: Yes Alleging defect detail: CUSTOMER STATES WAS SITTING AT BANK AND AIR BAG DEPLOYED.

Police Report Filed: No Insurance Company Contacted: N Insurance Company Contact Information: BRADSHAW AND CO.731-285-5767.WALT BRADSHAW. Coach Builder State: AK - Alaska Vehicle Location: CUSTOMERS CARE. Attorney Information: NOT AVAILABLE. Resolution Sought Detail: CUSTOMER WANTS STEERING WHEEL REPLACED AND PROBLEM REPAIRED. Comments: NO VISIBLE DAMAGE TO VEHICLE.UNEXPLAINED WHY AIR BAG DEPLOYED.

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NOV - C COIN D

Office of the General Counsel

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

November 3, 2010

DYER	SBURG, TN
RE:	2005 F-Series
VIN:	1FTPX14545N

· Dear Mr. Burns:

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a fair and timely manner. To assist us in a timelier, more accurate evaluation of this claim, we would like to obtain the original Restraint Control Module that was in your vehicle at the time of the incident. The restraint control module (RCM) can be removed and replaced by any Ford Dealership. I have enclosed instructions for the Dealership to remove and replace the RCM and ship it to Ford for evaluation. Ford will reimburse the dealership for all costs associated with removing, replacing and shipping the RCM to Ford.

Further, I have enclosed an Electronic Module Data Readout Authorization form which needs to be signed by the current owner of the vehicle and returned to the undersigned before Ford can download the information from the restraint control module.

If you have turned any portion of this matter over to your insurance company, and should you or 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.

If you have not turned this over to your insurance company, and you intend to pursue a claim directly with Ford Motor Company, we request that you provide us with all the following information by completing and returning this form:

To begin our evaluation, we will need the following documents:

- A copy of the police report." .
- A copy of the vehicle title and registration.
- A separate sheet of paper providing a complete description of the incident.
- Medical records for each person alleged injured from all treating physicians/facilities.
- Medical bills for each person alleged injured from all treating physicians/facilities.
- Original photographs or laser copies of the vehicle's damage from several different angles.
- Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and 5-8242 roof areas.
- A copy of your expert's report and the expert's original photographs.
- Repair estimate or repair order.
- Complete service history for vehicle including maintenance items.

- A statement from your insurance company indicating there are no pending claims and the . reason for the denial.
- A copy of this letter. ٠

You may mail the documents to my attention at the address listed on this letter. Ford Motor Company is committed to providing you with a fair and expeditious response, so please be sure to provide us with all of the requested information as soon as possible.

For each person alleged injured provide the following: (If there are additional names continue on back.)

	Full Legal Name:
	Address:
:	Spouse's Name:
DOB: 6/3/60	DOB:
Soc Security#:	Soc Security#:
Gender: <u>malc</u>	Gender:
Occupation: <u>SIIF Employin</u>	Occupation:
Injury: Shakin Up	Injury:
Health Insurance Provider:	Health Insurance Provider:
Is the injured party receiving Medicare ben If so, state the name of the person(s)	efits? <u><u> </u></u>
Is the injured party receiving Worker Comp	pensation benefits? <u>n</u> <sup>2</sup>
If so, state the name of the person(s)	p :
Has the injured party received more than 2	4 months of social security disability benefits prior
to the incident? n o	
If yes, state the name of the person(s)	
Due to Medicare reporting requirements, we cannot above requested information. If it is determined th	at you are a Medicare beneficiary, please be
aware that pursuant to the Medicare Secondary Pa recover any conditional payments it has made with	

Please answer the following in the space provided. If you need additional space, please use the back of the form:

settlement be reached in this claim, Ford will not enter into any settlement agreement until Ford

- What are you seeking from Ford Motor Company in this matter? <u>A Mt W Air</u>
   <u>BAS</u>
   What is the alleged defect? <u>Air Dag</u>

has been assured that Medicare's interests are protected.

3.	Has the alleged defective part been repaired or replaced? (circle one) Yes or No
4.	What was the city, state and date of occurrence? Pying buig 1100 10/29/1
5.	What was the mileage at time of occurrence? 13? Thousand
6.	List all after market additions or modifications that were made to the vehicle:
7.	Was the engine running? (circle one) Yes or No
8.	Were the keys in the ignition? (circle one) Yes or No
9.	Was this vehicle purchased new of used?
10.	If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased: $bv fheugh and$
11.	Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information) $py_{ii}y_{bi}$
12.	Has an insurance company been advised of this incident? (circle one) Yes or No

14. Please provide the names and contact information of any witnesses to the incident:

Ford Motor Company is committed to providing you with a fair and timely response, so please note that we need all the information requested above to evaluate this matter. Your concern cannot be evaluated until <u>all</u> the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. Should you 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 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 renoval 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,

Tina Revoir Legal Analyst- OGC Product Claims

we were at the bank and backed out of the parking space. When the fuck was put into Drive the autors deployed. there was not a police report made or were there any serious inju-5's Just shalen up. All I'm Looking for 13 my truck to be fixed with a new airbag and fix the problem that made the airbas deploy. I do all my Own Oil changes and I bought the functe used. I haven't got a Estimate until ford decides if they are sonna repair the posten with there truck.



EA10-001.9 000020LC



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EA10-001.9 000024LC



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From: dcpform@ford.com [mailto:dcpform@ford.com] Sent: Wednesday, February 16, 2011 12:17 PM To: Ordcalp, F (F.); Taylor, Alma (A.) Cc: dpryor@bobutterford.com Subject: Dealer/Fleet Request for OGC Review

# **Dealer/Fleet Request for OGC Review**

Email Subject: Dealer/Fleet Request for OGC Review **DEALER INFORMATION:** Dealership Fleet Name: Bob Utter Ford Lincoln-Mercury Requesting Dealer Fleet: BOB UTTER FORD **PA Code: 02574** Contact Person: DAVID PRYOR Title: SERVICE MANAGER Phone Number: 903-813-5035 Fax Number: 903-891-7306 Email: dpryor@bobutterford.com Region: dallas Address: 2525 texoma pkwy City: sherman State: Texas Zip Code: 75090 **CUSTOMER VEHICLE INFORMATION:** WSD: 5-17-2005 Vehicle Year: 2005 Vehicle Model: f150 Vehicle VIN: 1FTVX12545N Mileage: 94703

customer Flee Street Addres City: SHERMAN State : Texas Zip Code : **Home Phor** Work Phor **Customer Region: DALLAS DETAILS OF INCIDENT:** Injury Date of Incident: 2011-02-14 County incident occurred: GRASYON Is customer alleging a component defect CAUSED the incident? YES Details: DRIVER WAS PARK AND VEHICLE WAS NOT MOVING AND CLAIMS AIR DEPLOYED BY ITSELF Was a police report filed? NO **Details** : Has the insurance company been contacted? YES Insurance company advised: THEY INSURANCE COMPANY SENT A ADJUSTER Insurance company contact information: TEXAS LIBERTY INSURANCE 800-832-7839 **Coach builder:** City : State : Zip Code : Vehicle Location: BOB UTTER FORD 2525 TEXOMA PARKWAY SHERMAN TEXAS 7590 Attorney information: **CVO Contact:** Resolution Customer is seeking: ANSWER TO WHY AIR BAG DEPLOYED BY ITSELF Comments: I HAVE FILED AND HOT LINE REPORT ALSO

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REGION: W3 PHO VIN: 1FTPW145	14K	OGC ISSUE ZONE: A ENGINE:		Т	ASE NBR: OPENED: CLOSED:	1515482650. 2010/09/22 2010/09/22
LAST NAME: TITLE: ADDRESS:	MR		FIRST NAME:		STATUS: MI:	CLOSED
CITY: HOME PHONE:	ALBUQUERQUE		STATE:	NM	ZIP:	
MODEL YEAR: MILEAGE:	2004 100000		MODEL:	F-SERIES		
DEALER NAME: REASON CODE: SYMPTOMS:	BOB TURNER'S F 0796 LEGAL - ALL	EGED INJU	SALES CODE: RY SSYSTEM DEPLOYI	F56300 MENT	P & A:	04296
ORIGIN: CAG ACTION: 705 DOCUMENT:	- CONTAC	CT ADVANCI	EBASE COMMUNIC ED TO OGC I IRIZARRY, OTTO	ATION: PHONE		
DATE: 2010/09/22 TII ACTION DATA/COMI						
NO AC DATE ( THE PI OFF W SUSTA THE VI WHILE POLICI THE FI THE RI CUSTC YES9. WHAT ADJUS NOT TI CUSTC HAVE EXPLA TURNE 87107- FORW. COUNS BUSIN	CIDENTCUST WA OF THE ACCIDENT RODUCT DEFECT /ITH NO ACCIDENT AINED - CUST WAS EHICLE WHEN THE CUST STARTED T E REPORT FILED. INDINGS WERE. AI OLICE REPORT NL EPORT WAS FILED DMER HAS FILED A IF A CLAIM HAS BE IS THE STATUS O STER WILL BE COM HE VEHICLE IS RE DMER'S ATTORNE' SOUGHT ONE).12. NATION AS TO WE ER'S FORD COUNT 4942 TEL:(505) 766 ARD YOUR INFOR SEL. YOU SHOULT ESS DAYS TO YOU Y ALL CUSTOMER	AS BRUISED - 9/21/102. IS THAT CAU OCCURRIN BRUISED C E ACCIDENT HE VEH.5. N YES.6. IF A I R BAG WEN JMBER AND D. 10655235 A CLAIM WIT EEN FILED V F THE CLAIM MBER AND OLAIM WIT EEN FILED V F THE CLAIM ING TO LOC PAIRABLE. Y (ONLY IF T WHAT THE HY THIS OCC RY 1101 M S-6600FAX.(5 MATION TO D RECEIVE / JR CONCER	CALL ******-AIR BAGS BY AIR BAGS.VEH WHAT THE CUSTON USED ACCIDENT - A IG3. IF THERE WER ON HER RIGHT ARM OCCURRED - AT C WHETHER OR NOT POLICE REPORT W. TOFF WITHOUT AN THE CITY OR COUL - 8. WHETHER OR NOT HE CITY OR COUL - 8. WHETHER OR NOT HE CITY OR COUL - 8. WHETHER OR NOT HE CUSTOMER IS SEE CURRED.DEALER S MONTANO N.E.ALBL 505) 449-1300CRC A FORD'S OFFICE OF A WRITTEN RESPON N.NOTE TO CCR: R	WITH CUST.1. MER IS ALLEGING AIR BAGS WENT E ANY INJURIES .4. LOCATION OF UST'S HOME THERE WAS A AS FILED, WHAT N ACCIDENT.7. NTY IN WHICH IOT THE CE COMPANY. CE	For S Of GENE	D MOTOR COMPA PECEIVED CLAIMS UNIT EP 23 2010 PICE OF THE RAL COUNSEL

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CONSUMER AFFAIRS 09/23/2010 FAXOGC1 CONFIDENTIAL



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BEGINNING OF CONTACT 09/24/2010	VOICE OF THE	CUSTOMER TRACK	ING SYSTEM		08.00.04
REGION: S4 MIAMI VIN: 1FTRX12W84N	OGC ISSUE ZONE: A0 ENGINE:		Т	CASE NBR: OPENED: CLOSED:	0333562660 09/23/2010 09/23/2010
LAST NAME: TITLE: MR ADDRESS:		FIRST NAME:		STATUS: MI:	CLOSED S
CITY FORT MYER HOME PHONE:	KS	STATE:	FL	ZIP:	
MODEL YEAR: 2004 MILEAGE: 112000	•	MODEL:	F150 4X2 STYL	ESIDE SUPER	RCAB
DEALER NAME: SAM GALLC REASON CODE: 0796 LEGAL	WAY FORD L - ALLEGED INJUF TRAINTS AIR BAG	SALES CODE: RY SYSTEM DEPLOYN	F24480 /IENT	P & A:	04845
ACTION: 705 - CO	ONTACT ADVANCE	BASE COMMUNIC ED TO OGC 9 WASHINGTON (C		THIA	
DATE: 09/23/2010 TIME: 09.15.55 ACTION DATA/COMMENTS:	:			FC	ORD MOTOR COMPANY RECEIVED CLAIMS UNIT
		3989811131.SYMPT R THIS MORNING-ST			SEP 2 4 2010
HIS RIGHT FOREAL E LOCATIONSAM G RIVEFORT MYERS L-CUST IS SEEKING FORWARD YOUR I NSEL. YOU SHOUL ESS DAYS TO YOU	RM, TWO KNUCKE SALLOWAY FORD , FL 33907 TEL:(23) G TO GET AIRBAG NFORMATION TO LD RECEIVE A WR IR CONCERN.NOT ACT INFORMATIO	ST NOTICED 9/22/20 LES AND ON HIS FO LINCOLN MERCURY 9) 936-3673 3.REAS REPAIREDCRC AD FORD'S OFFICE OF ITTEN RESPONSE V E TO CCR: REMEME IN BEFORE SENDIN RX12W84N	DREHEAD2.VEH ( 1800 BOY SCO ON FOR CAL VISED: I WILL THE GENERAL WITHIN 15 BUSIN BER TO VERIFY	UTD GE COU ALL	OFFICE OF THE NERAL COUNSEL

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GENERAL STREEL

From: dcpform@ford.com [mailto:dcpform@ford.com] Sent: Tuesday, January 25, 2011 1:46 PM To: Ordcalp, F (F.); Taylor, Alma (A.) Cc: aking@jordanford.com Subject: Dealer/Fleet Request for OGC Review

### **Dealer/Fleet Request for OGC Review**

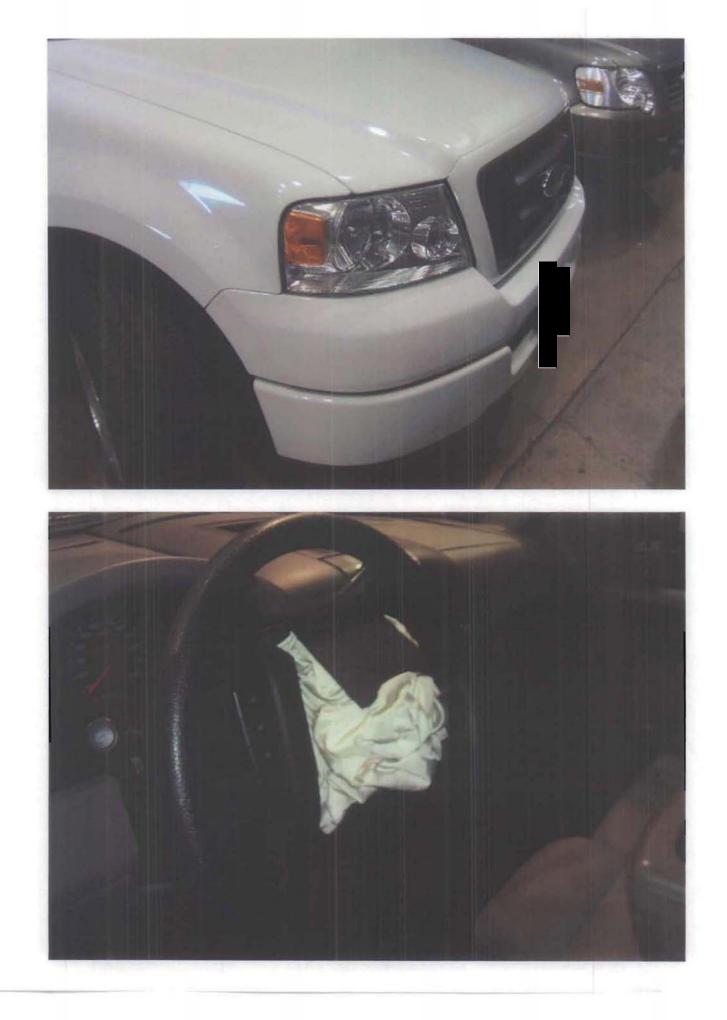
Email Subject: Dealer/Fleet Request for OGC Review **DEALER INFORMATION:** Dealership Fleet Name: Jordan Ford, Ltd. **Requesting Dealer Fleet:** flm PA Code: 04546 Contact Person: aaron d. king Title: service advisor Phone Number: 2104778104 Fax Number: 2106530741 Email: aking@jordanford.com Region: south west Address: 13010 IH 35 N City: san antonio State: Texas Zip Code: 78233 **CUSTOMER VEHICLE INFORMATION:** WSD: 09/30/2005 Vehicle Year: 2005 Vehicle Model: f150 Vehicle VIN: 1FTRF12W75N Mileage: 38359

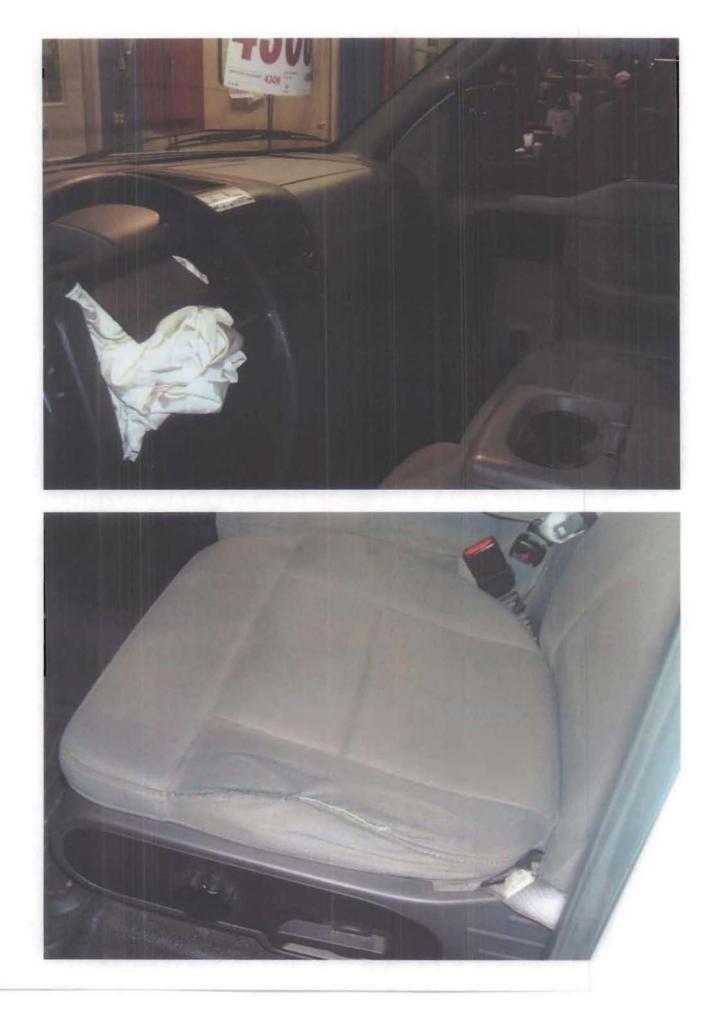
1/25/2011

customer Flee Street Address City : Austin State : Texas Zip Code : **Home Phon** Work Phon Customer Region: south texas **DETAILS OF INCIDENT:** Injury Date of Incident: 2011-01-17 County incident occurred: united states Is customer alleging a component defect CAUSED the incident? YES Details: chafed wire in drivers air bag caused premature deployment. customers elbow was slightly injured durring deployment. Was a police report filed? NO **Details**: Has the insurance company been contacted? NO Insurance company advised: Insurance company contact information: **Coach builder:** City : State : Zip Code : Vehicle Location: san antonio airport Attorney information: **CVO Contact:** Resolution Customer is seeking: full warrenty coverage of deployed air bag Comments: ford rep james hayword advised me to appeal to this page for assistance in this matter. he agreed to pay for half of the repair, i am asking for assistance for the other half. cust will be enraged it we ask him to pay for an air bag that exploded in his face due to a "factory defect". Thank You Aaron

King

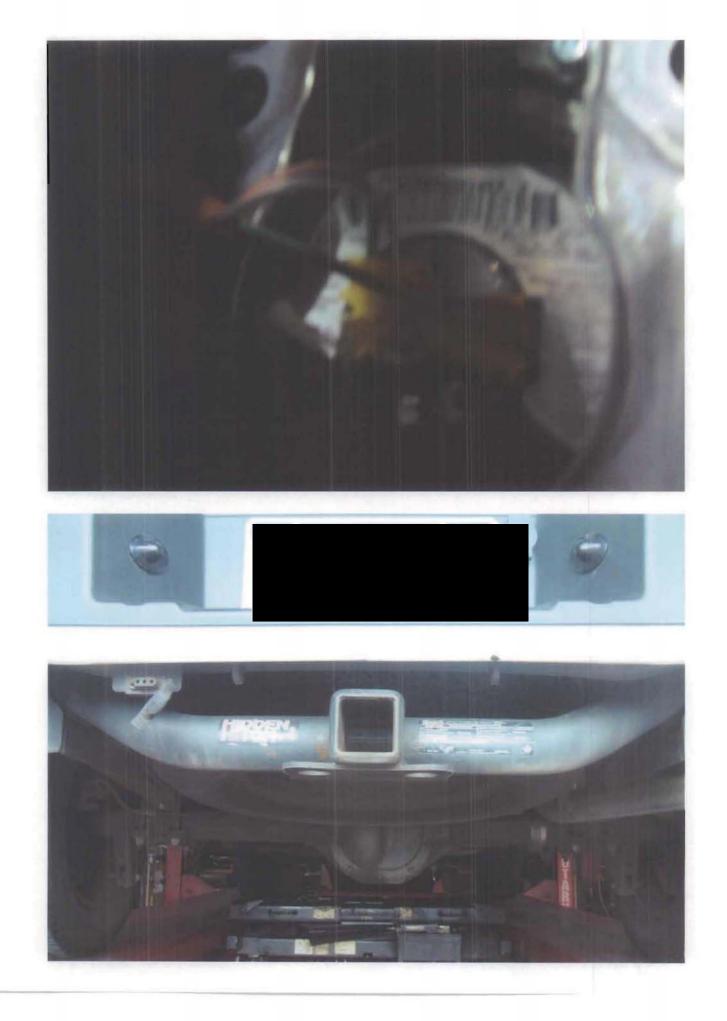
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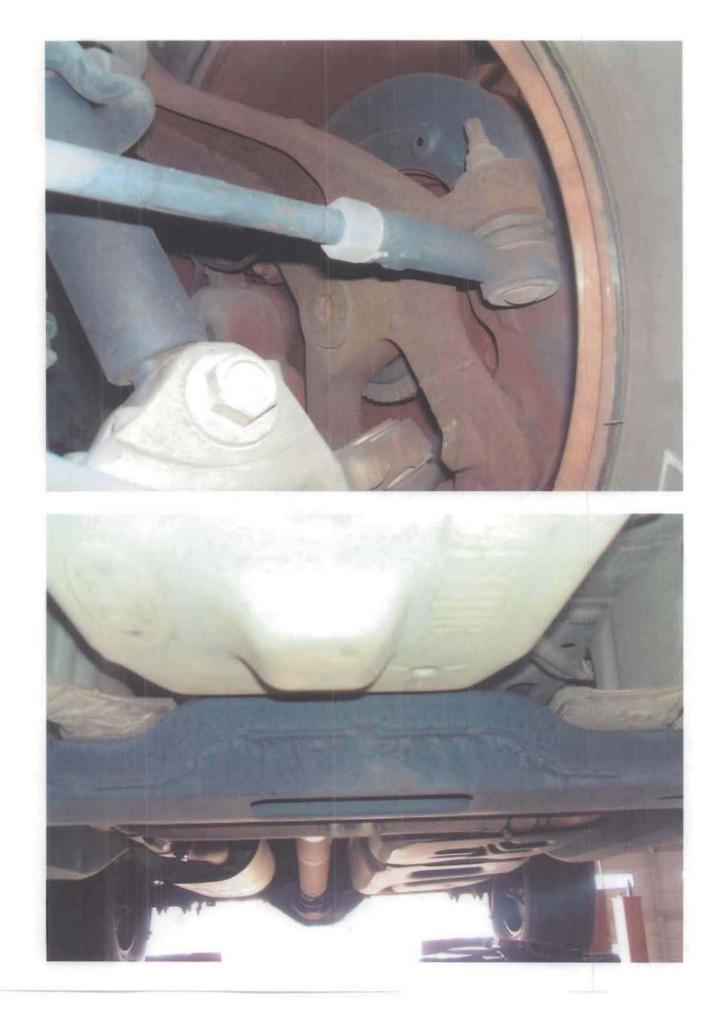


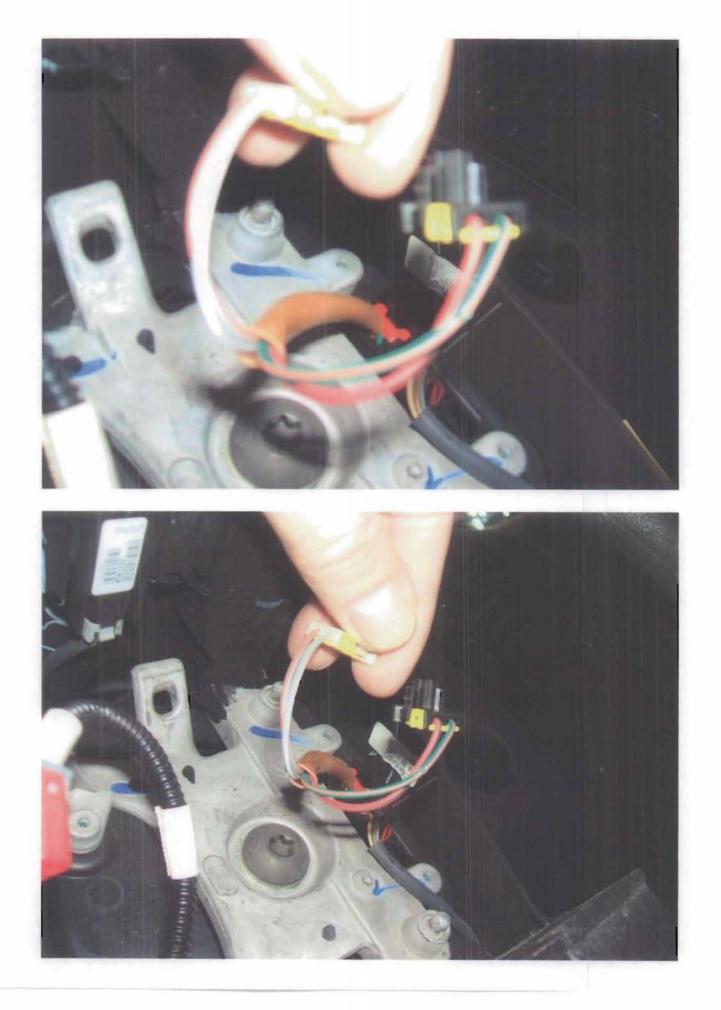


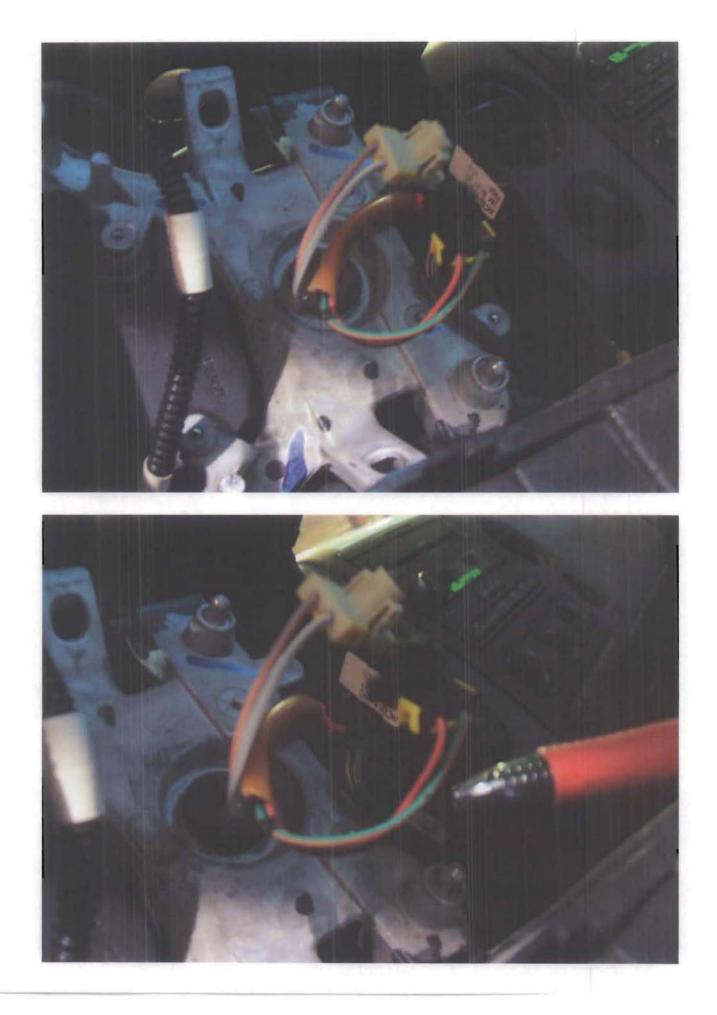














BEGINNING OF CONTACT VOICE OF THE CUSTOMER TRACKING SYSTEM 11/09/2010 07.55.08 \_\_\_\_\_ OGC ISSUE CASE NBR: 1401453120. ZONE: OPENED: 2010/11/08 REGION: S4 MIAMI A02 1FTRX12W65N ENGINE: W VEH TYPE: Т CLOSED: 2010/11/08 VIN------STATUS: LAST NAME: CLOSED FIRST NAME: TITLE: MS MI ADDRESS: CITY HOLLYWOOD STATE: FL ZIP: HOME PHONE: MODEL YEAR: MODEL: **F-SERIES** 2005MILEAGE: 60869 PINES FORD LINCOLN M DEALER NAME: SALES CODE: F24014 P & A: 04977 0796 LEGAL - ALLEGED INJURY **REASON CODE:** SYMPTOMS: 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT ORIGIN: CACI38 US CONCERN CASE BASE COMMUNICATION: PHONE ACTION: 705 CONTACT ADVANCED TO OGC ANALYST: PBROOK39 BROOKS (PBROOK39), PEGGY DOCUMENT:

DATE: 2010/11/08 TIME: 11.09.04 : ACTION DATA/COMMENTS:

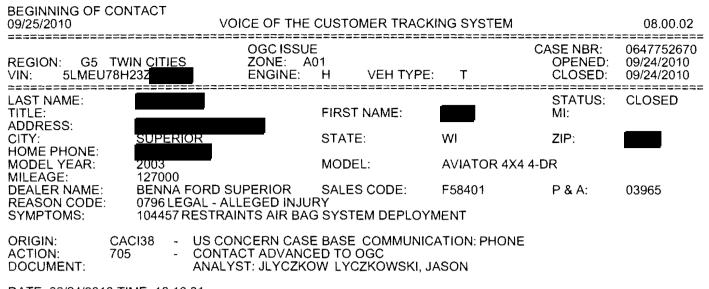
> CUSTOMER SAID: ACCIDENTS/ AIR BAG DEPLOYMENT WHEN IT WAS NOT SUPPOSE TO: 1. DATE OF THE ACCIDENT: 09/02/20102, WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT3. IF THERE WERE ANY INJURIES SUSTAINED: WENT TO THE DOCTOR BURNED ON HANDS FROM AIR BAG AND EARS RINGING FOR 4-5 DAYS 4, LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED: 4705 ROOSEVELT ST, HOLLYWOOD FL MY PARENTS HOME 5 WHETHER OR NOT THERE WAS A POLICE REPORT FILED:HOLLYWOOD POLICE DEPARTMENT CAME OUT REPORT 331008-141976 BROWARD COUNTY 6. IF A POLICE REPORT WAS FILED WHAT THE FINDINGS WERE: DOCUMENTED THE CONCERN IT WAS NOT AN ACCIDENT 7, THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED:BROWARD COUNTY HOLLYWOOD POLICE DEPARTMENT\*\* (954) 967-4636 8. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY:NONE9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM:NONE10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE: YES, ONLY THE DRIVERS SIDE 11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE).12. WHAT THE CUSTOMER IS SEEKING: TO HAVE THE VEH REPAIRED AND OR REPLACED \*\*2005 FORD F 150STARTED THE ENGINE AND THE AIR BAG BLEW UP IN HER FACE \*\*STARTED THE ENGINE GOT OUT THE VEH AND THEN GOT BACK INTO THE VEH AND THEN THE AIR BAG EXPLODED IN HER FACEDEALER SAID: NONECRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL, YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.CRC ADVISED CUST CONTACT NUMBER 954-805-6375CONFIRMED ADDRESS WITH CUST BEFORE RELEASE

CONSUMER AFFAIRS

11/09/2010 FAXOGC1 CONFIDENTIAL



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### DATE: 09/24/2010 TIME: 18.10.31 : ACTION DATA/COMMENTS:

CUSTOMER SAID: 1. DATE OF THE ACCIDENT WEDNESDAY NIGHT AT 5P M CENTAL2. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT AIR BAG WENT OFF AND HIT HIM IN THE HEAD3. IF THERE WERE ANY INJURIES SUSTAINED HAVING PROBLEMS HEARING - HAVENT HAD IT LOOKED AT. PAIN IN NECK ALSO AND IT HAS GOTTEN WORSE4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED HAPPENED IN THE GARAGE5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED. NO6. IF A POLICE REPORT WAS FILED, WH AT THE FINDINGS WERE. NO7, THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED. NO8. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE C OMPANY. TALKED TO THEM BUT DIDNT START CLAIM - INSURANCE SAI D TO TALK TO FMC FIRST 9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM. N/A10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE. NOT SURE - AIR BAG IS DEPLOYED11, NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONL Y IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE). N/A12, WHA T THE CUSTOMER IS SEEKING -WANTED TO TALK TO SOMÉONE ABOUT C ONCERN-CUSTOMER SEEKING RENTAL IN THE MEANTIME WHILE ISSUE G ETS RESOLVED-LET DLR KNOW SO THEY CAN ARRANGE RENTAL ACCORDI NGLYDEALER SAID: BENNA FORD SUPERIOR LLC3022 TOWER AVENUESUP ERIOR, WI 54880TEL:(866) 992-3662CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAY S TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOM ER CONTACT INFORMATION BEFORE SENDING ISSUE .------ ADVISED OF ABOVE

CONSUMER AFFAIRS

09/25/2010 FAXOGC1



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From: dcpform@ford.com [mailto:dcpform@ford.com] Sent: Thursday, August 26, 2010 7:42 PM To: Ordcalp, F (F.); Taylor, Alma (A.) Subject: Dealer/Fleet Request For OGC Review

## **Dealer/Fleet Request For OGC Review**

Dealership/Fleet Name: Power Ford Torrance Requesting Dealer/Fleet: Power Ford Torrance Contact Person: Greg Murphy Title: Fixed Operations Director Address: 3111 PCH Torrance, CA 90505 Telephone: 3107844700 Email Address: murphyg1@autonation.com **PA Code:** 05524 Region: Los Angeles City: Torrance **Dealer State: CA** Fax Number: 310 784-4756 WSD: 10/10/2005 Vehicle Year: 2006 Vehicle Model: F-150 Vehicle VIN: 1FTRF12276N Mileage: 75000 **Customer/Fleet Name:** 

8/27/2010

Street Address City: Torrance State: California Zip Code: Home Pho Work Pho Customer Region: W1 - Los Angeles Incident Involves: Injury Date of Incident: 08/24/2010 County in which incident occurred: Los Angeles Is Alleging Defect: Yes Alleging defect detail: Customer states the drivers side air bag deployed on its own. Customer states the driver was backing into a parking spot and the bag deployed. Customer states driver was injured. In addition, customer states this is the second time this has occured. first incident was on 7/18/2007 miles 18122. Vehicle was repaired under warranty at Power Ford Torrance. Police Report Filed: No **Insurance Company Contacted:** N Coach Builder State: AK - Alaska Vehicle Location: with customer Resolution Sought Detail: SM at Power Ford told the customer that he would contact FMC to report

This email was automatically generated. Please do not reply to this email. No one monitors the inbox for this email address.

incident and then report back to ths customer after contact.





AND MEDICAL BILLS PAID AND THE CUST WOULD LIKE TO RECEIVE SO METHING FOR PAIN AND SUFFERINGDEALER SAID: CHENOWETH FORD LI NCOLN MERCURYROUTE 50 EASTCLARKSBURG, WV 26301TEL:(800) 344-1108FAX:(304) 623-6522CRC ADVISED: I WILL FORWARD YOUR INFOR MATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR C ONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.-ADVISED CUST OF ABOVE

CONSUMER AFFAIRS



BEGINNING OF CONTACT	OICE OF THE	CUSTO	MER TRACK	ING SYSTEM		07.55.44
REGION: S3 ORLANDO VIN: 1FTRX12W15N	OGC ISSUI ZONE: AI ENGINE:		VEH TYPE:	T	CASE NBR: OPENED: CLOSED:	1532153140. 2010/11/10 2010/11/10
LAST NAME: TITLE: MR ADDRESS:		FIRST	NAME:		STATUS: MI:	CLOSED
CITY: TERRA CEIA		STATE		FL	ZIP:	
HOME PHONE: 2393520142 MODEL YEAR: 2005		MODE	L:	F-SERIES		
	RD ALLEGED INJUI AINTS AIR BAC	RY	CODE:	F24414 /ENT	P & A:	04261
ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE ACTION: 705 - CONTACT ADVANCED TO OGC DOCUMENT: ANALYST: DJENNI42 JENNINGS, DIANE						
DATE: 2010/11/10 TIME: 14.59.06 : ACTION DATA/COMMENTS:						
CUSTOMER SAID: -THE AIR BAG WENT OFF WITH OUT AN ACCIDENT WHILE THE CUST WAS DRIVING THE VEH - THE CUST LEFT ARM IS BRUISED AND THE RIGHT LEG IS BURNED -CUST IS SEEKING TO HAVE THE AIR BAG FIXED-DEALER SAID: AUTOWAY FORD-BRADENTON 3400						

THE AIR BAG FIXED-DEALER SAID: AUTOWAY FORD-BRADENTON 3400 14TH STREET WESTBRADENTON, FL 34205 TEL:(888) 208-8907CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.-CONFIRMED ADDRESS

EA10-001.9 000058LC

BEGINNING OF 12/09/2010		VOICE OF THE CUSTOMER TRACKING SYSTEM						07.55.05		
REGION: C2 VIN: 1FTRX	HOU: 12WX			Z	OGC ISSU ONE: A NGINE:		VEH TYPE:	т	CASE NBR: OPENED: CLOSED:	1390033420. 2010/12/08 2010/12/08
LAST NAME: TITLE: ADDRESS:		-	nia many anto any any a			FIRST	NAME:		STATUS: MI:	CLOSED
CITY:	(	COTUL	LA			STAT	E:	ТХ	ZIP:	
HOME PHONE: MODEL YEAR: MILEAGE:		2005 68733				MODE	EL:	F-SERIES		
DEALER NAME: REASON CODE: SYMPTOMS:	: (	CHAPA 0796 LI	ARRAL EGAL		GED INJU	RY	S CODE: EM DEPLOYN	F52718 1ENT	P & A:	04593
ORIGIN: ACTION:	CACI 705	38 -			ERN CASE			ATION: PHONE		

ANALYST: SCOOPERI COOPERIDER (SCOOPERI), SUZANNE

DATE: 2010/12/08 TIME: 10.50.02 :

DOCUMENT:

ACTION DATA/COMMENTS:

CUSTOMER SAID: =SPOKE WITH (WIFE OF REG OWNER) = DAY TIME PHONE AS THERE WAS PROBLEM YESTERDAY WITH TRUCK = WHEN GOING TO PUT VEH INTO REVERSE. AIRBAG EXPLODED ON DRIVERS SIDE =HAVE BURN ON FINGERS AND HAND, SHOULDER WAS OUT OF PLACE (WAS TRANSPORTED TO HOSPITAL) ==== DATE OF INCIDENT 12/7/10 AT ABOUT 3PM =WAS AT ACE HARDWARE ON FRONT ST IN COTULLA =POLICE REPORT FILED WITH COTULLA POLICE DEPARTMENT, DOES NOT CURRENTLY HAVE A COPY OF THE REPORT =NO CLAIM FILED WITH INSURANCE AS WHEN CONTACTING THEM, THEY ADVISED WOULD NOT BE DEPARTMENT TO HANDLE THIS TYPE OF CLAIM, WAS ADVISED TO CONTACT MANUFACTURER = BELIEVE VEH IS REPAIRABLE BUT CONCERNED WITH SAFETY OF VEH AS PASSENGER SIDE AIRBAG INDICATOR IS FLASHING, THIS STARTED AFTER INCIDENT =VEH IS CURRENTLY AT HUSBAND WORK =SEEKING TO GET VEH TO DRIVE IF VEH IS REPAIRABLEDEALER SAID: =NONE CCR VERIFIED CLOSEST DLR AS CHAPARRAL FORD INC. I.H. 35 S. EXIT 124 BIGFOOT RD. DEVINE, TX 78016 TEL:(830) 665-4461CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE. =CCR VERIFIED ADDRESS ON RECORD TO BE CORRECT = ADVISED CUST TO INQUIRE WITH INSURANCE AGENCY IF HAVING A RENTAL PROVISION =CCR **PROVIDED CASE #** 



BEGINNING OF 08/19/2010	OF CONTACT VOICE OF THE CUSTOMER TRACKING SYSTEM							07.55.04
	CHARLOT 14W65N	TE	ogc issue Zone: Ac Engine:	)1	VEH TYPE:	Т	CASE NBR: OPENED: CLOSED:	1339472300. 2010/08/18 2010/08/18
LAST NAME: TITLE: ADDRESS:	MR	nin dass nonis Miller ande Miller nore Miller Anne Aller An		FIRST	NAME:		STATUS: MI:	CLOSED
CITY: HOME PHONE:	HODO	GES		STATE:		SC	ZIP:	
MODEL YEAR:	2005			MODEL	.:	F-SERIES		
MILEAGE: DEALER NAME: REASON CODE: SYMPTOMS:	0796	9 RGE BALLEN LEGAL - ALL 57 RESTRAIN	EGED INJUF			F21794 1ENT	P & A:	00973
ORIGIN: ACTION: DOCUMENT:	CACI38 705	- CONTAC		ED TO O	GC	ATION: PHONE DBERTA		
DATE: 2010/08/1 ACTION DATA/C								
CL	ISTOMER	SAID				SINESS	EOS	NO LICTOR COMPAN RECEIVED

ASSOCIATE.-WE WERE GETTING READY TO LEAVE. VEH WAS IN PUT IN REVERSE. AIRBAG DEPLOYED.-HAPPENED YESTERDAY IN THE MORNING.-I COULDN'T HEAR FOR 30 MINS OR MORE.-DRIVER'S FACE WAS BUSTED UP. ARM IS CUT AND SWOLLEN.-TOOK VEH TO THE DLRSHP.-TOLD NO COVERAGES.-DLRSHP JUST WNATED TO GIVE EST.-RICKY S/A.-WANTS TO KNOW WHAT HAPPENED AND WHY THEY DID DEPOLY .- FEELS FORD SHOULD PAY FOR REPAIRS DEALER SAID: GEORGE BALLENTINE FORD LINCOLN - MERCURY1305 BYPASS 72 NEGREENWOOD, SC 29649TEL: (864) 223-4351CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.-ADV OF ABOVE.-CONFIRMED CUST INFORMATION WAS CORRECT, OWNER WAS NEXT TO CALLER AT TIME OF CALL.

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Atia 1 9 2010

188、12月、2月11年 GENERAL MOREL

## CONSUMER AFFAIRS

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08/19/2010 FAXOGC1 CONFIDENTIAL

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**BEGINNING OF CONTACT** VOICE OF THE CUSTOMER TRACKING SYSTEM 11.02.06 04/07/2010 \_\_\_\_\_ \_\_\_\_\_ OGC ISSUE CASE NBR: 1560550960 ZONE: C3 MEMPHIS A05 OPENED: 04/06/2010 REGION: 1FTPX12565N ENGINE: 5 VEH TYPE: T CLOSED: 04/06/2010 VIN: \_\_\_\_\_ -----STATUS: CLOSED LAST NAME: FIRST NAME: TITLE: MI: ADDRESS: STATE: LA ZIP: FRANKLIN CITY HOME PHONE: MODEL: F150 4X2 STYLESIDE SUPERCAB MODEL YEAR: 2005MILEAGE: DEALER NAME: JACKIE EDGAR FORD, SALES CODE: F23262 P & A: 06433 REASON CODE: 0796 LEGAL - ALLEGED INJURY 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT SYMPTOMS: US CONCERN CASE BASE COMMUNICATION: PHONE ORIGIN: CACI38 -705 CONTACT ADVANCED TO OGC ACTION: DOCUMENT: ANALYST: CGRAY75 GRAY (CGRAY75), CYNTHIA FORD MOTOR COMPANY DATE: 04/06/2010 TIME: 15.34.14: RECEIVED ACTION DATA/COMMENTS: CLAIMS UNIT APR 07 2010 CUSTOMER SAID: -MONDAY MAR 29TH 2009-HAD VEH IN DRIVEWAY-DAU GHTER GOT IN VEH AND PUT VEH IN REVERSE TO BACK UP-BEFORE CO ULD ACTUALLY START MOVING THE AIR BAG CAME OUT IN DRIVER'S F OFFICE OF THE GENERAL COUNSEL

ACE-HAS BURNS AND BRUISES ON BOTH ARBAG CAME OUT IN DRIVER'S F ACE-HAS BURNS AND BRUISES ON BOTH ARMS-NO IMPACT-DRIVER WENT TO EMERGENCY ROOM TO BE LOOKED AT-SEEKING REPAIRS TO BE COV ERED BY FORD-VEH CURRENTLY AT DLRSHPDEALER SAID: JACKIE EDGA R FORD, INC2022T REES STREETBREAUX BRIDGE LA 70517(337) 332-2145CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S O FFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR : REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.-CUST DID NOT KNOW MILEAGE ON VEH AT TIME OF INCEDENT-ADV CUST OF PHRASEOLOGY

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04/07/2010 DAPR06F CONFIDENTIAL

EA10-001.9 000064LC

## BEGINNING OF CONTACT

10/22/2010	VOICE OF THE	07.55.07				
REGION: W4 DENVER VIN: 1FTRF12225N	OGC ISSUI ZONE: A ENGINE:			CASE NBR: OPENED: CLOSED:		
LAST NAME: TITLE: ADDRESS:		FIRST NAME:		STATUS: MI:	CLOSED	
HOME PHONE:	ELD	STATE:	со	ZIP:		
MODEL YEAR: 2005		MODEL:	F-SERIES			
REASON CODE: 0794 LEG	FORD CENTER AL - ALLEGED SRS ESTRAINTS AIR BAC		F56003 MENT	P & A:	06333	
ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE ACTION: 705 - CONTACT ADVANCED TO OGC DOCUMENT: ANALYST: JHAGINS HAGINS (JHAGINS),JANICE						
DATE: 2010/10/21 TIME: 17.04.4 ACTION DATA/COMMENTS:	0:					
CUSTOMER SAID	: COMPANY/NAME:		NAME:			
THE AIRBAG DEF	DEPLOYED =NOTI LOYED =THE DRIV	F-150MILEAGE: 90K CED WHILE GETTIN ER NECK IS SORE	LTV: FLEET S/O: IG INTO THE VEH AND HE IS SORE	-1	•	

BUT THERE ARE NO ABRASIONS=THIS HAPPENED OCT 20, 2010 =VEH IS CURRENTLY AT WORKPLACE =VEH HAS NOT BEEN DIAG BY FLM DLRSHP =SEEKING FMC TODEALER SAID: O'MEARA FORD CENTER

INC400 W. 104TH AVE.NORTHGLENN, CO 80234TEL:(800) 644-6072=NONECRC ADVISED: I WILL FORWARD YOUR INFORMATION TO

FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN. NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.=CCR VERIFIED ALL CONTACT INFORMATION COMPANY/NAME: CONTACT CW NAME: C

ANYTIME ON THE CELLTITLE: SECRETARY

OFFICE, CELL



**BEGINNING OF CONTACT** 

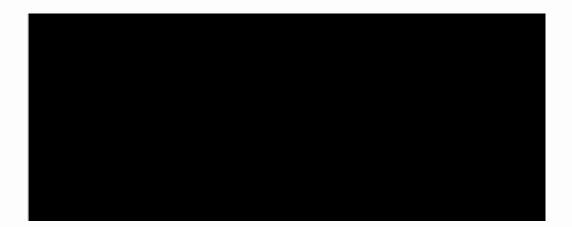
BEGINNING OF CONTACT 11/18/2010	VOICE OF THE	07.55.22			
REGION: C1 DALLAS VIN: 1FTPX12525N	E .03 5 VEH TYPE	: Т	CASE NBR: OPENED: CLOSED:	329923190. 2010/11/17 2010/11/17	
LAST NAME: TITLE: MR ADDRESS:		FIRST NAME:		STATUS: MI:	CLOSED D
	<u>R M</u> OUND	STATE:	тх	ZIP:	
HOME PHONE: MODEL YEAR: 2005 MILEAGE: 76000		MODEL:	F-SERIES		—
DEALER NAME: DON DA REASON CODE: 0794 LEC	VIS FORD, INC. GAL - ALLEGED SRS RESTRAINTS AIR BA	MALFUNCTION	F52016 MENT	P & A:	02417
	US CONCERN CAS CONTACT ADVANC ANALYST: KJOHN1				

DATE: 2010/11/17 TIME: 16.15.58: ACTION DATA/COMMENTS:

CUSTOMER SAID: - CUST STATES AIRBAG DELPLOYED WHEN HE STARTED VEHICLE- HAS SENT EMAIL TO DON DAVIS FORD ADVISING HE WANTS FORD TO REPAIR THE VEHICLE- NOT CLAIMING INJURY AT THIS TIME. GRAZED HIS ARM- BARELY MISSING HIS FACE AND CHEST-CUSTOMER STATES HE HAS RESEARCHED ONLINE THAT OTHERS HAVE HAD THIS CONERN AND HIS INSURANCE HAS REFERRED HIM TO THE MANUFACTURER.DEALER SAID: DON DAVIS FORD.CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN. NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

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From: dcpform@ford.com [mailto:dcpform@ford.com]
Sent: Tuesday, November 23, 2010 6:05 PM
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: mikewehrle@mikekehoe.com
Subject: Dealer/Fleet Request for OGC Review

# **Dealer/Fleet Request for OGC Review**

Email Subject: Dealer/Fleet Request for OGC Review DEALER INFORMATION: Dealership Fleet Name: Mike Kehoe Ford Requesting Dealer Fleet: Mike Kehoe Ford PA Code: 08038 Contact Person: MIke Wehrle Title: Parts/Service Dir Phone Number: 573-634-4444 x 200 Fax Number: 573-634-2592 Email: mikewehrle@mikekehoe.com Region: kc Address: 807 SW Blvd City: Jefferson City State: Missouri Zip Code: 65109 **CUSTOMER VEHICLE INFORMATION:** WSD: 06/06/2005 Vehicle Year: 2005 Vehicle Model: F150 Vehicle VIN: 1FTPX14555N Mileage: 108348 customer Fleet Street Address City: Olean State : Missouri Zip Code : **Home Phor** Work Phon Customer Region: KC **DETAILS OF INCIDENT:** Accident Date of Incident: 2010-11-21 County incident occurred: USA Is customer alleging a component defect CAUSED the incident? YES Details: Customer stated Air bag deployed with no impact Was a police report filed? NO **Details**: Has the insurance company been contacted? NO Insurance company advised: Insurance company contact information: **Coach builder:** City : State : Zip Code : Vehicle Location: Customer possion Attorney information: **CVO Contact:** Resolution Customer is seeking: Customer wants Ford to Pay for repair Comments: Contacted hot line had code B2293 (driver front air bag fault) Contact I.D# 104190557 states unless DTC: is B1231 to suggest impact replace airbag and clockspring. Customer declined any repair. We don't know if there is a shorted wire. Customer has to approve cost to proper diagnoise before

we can tell him anything and he won't do that.

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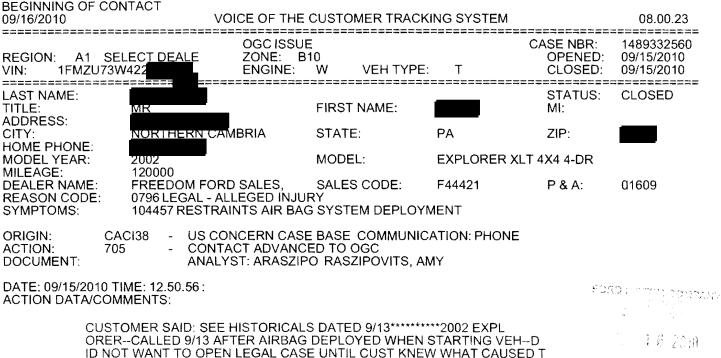


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**BEGINNING OF CONTACT** VOICE OF THE CUSTOMER TRACKING SYSTEM 10.01.42 04/28/2010 OGC ISSUE CASE NBR: 0124620779 OPENED: REGION: G2 DETROIT ZONE: A02 04/27/2010 1FTRX12WX5N ENGINE: W VEH TYPE: Т CLOSED: 04/27/2010 VIN: LAST NAME: STATUS: CLOSED FIRST NAME: TITLE: MR Mŀ 1 ADDRESS: STATE: MI ZIP: CITY: DETROIT HOME PHONE: MODEL YEAR: 2005 MODEL: F150 4X2 STYLESIDE SUPERCAB MILEAGE: 123000 DEALER NAME: AVIS FORD, INC. SALES CODE: F48028 P & A: 02750 0796 LEGAL - ALLEGED INJURY **REASON CODE:** SYMPTOMS: 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT - US CONCERN CASE BASE COMMUNICATION: PHONE ORIGIN: CACI38 ACTION: CONTACT ADVANCED TO OGC 705 ANALYST: HNABB NABB (HNABB), HEATHER DOCUMENT: -oz contration ೯೦೧೮ ್ neg ji. DATE: 04/27/2010 TIME: 09.30.27: ACTION DATA/COMMENTS: 主日 2010 CUSTOMER SAID: - CUST SAYS AIR BAGS HAD DEPLOYED ON ITS OWN ON APRIL 20TH- CUST SAYS HE HAS A SPRAIN WRIST AND A BRUISE ARM- CUST SAYS HE WENT TO THE HOSPITAL IN REGARDS TO INJURIE S- CUST SAYS BROUGHT VEH TO DLRSHP AND THEY SAID IT WAS A ME انداني کې د د. د د مونونۍ CHANICS DEFAULT. SOMETHING WITH HORN MOUNT- CUST SAYS INSURA NCE COMPANY SAID IT WAS A MECHANICAL ISSUE- CUST SAYS INSURA

NCE HAS TAKEN CARE OF MEDICAL ISSUE BUT THEY WONT TAKE CARE OF AIR BAG REPAIRS BECAUSE THEY ARE MECHANICAL FAILUREDEALER SAID: - AVIS FORD INC29200 TELEGRAPH RD.SOUTHFIELD MI 48034 (248) 355-7500CRC ADVISED: I WILL FORWARD YOUR INFORMATION T O FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.N OTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMAT

ION BEFORE SENDING ISSUE.



ID NOT WANT TO OPEN LEGAL CASE UNTIL CUST KNEW WHAT CAUSED T HE AIRBAG TO DEPLOY--CUST WAS INJURED--TOOK VEH TO DLR 9/13--ASKED ABOUT DIAGNOSTIC FEE--TOLD \$80 FOR DIAGNOSTIC--DLR FO UND SHORT IN GROUND -- DLR ESTIMATED \$2100 PLUS OTHER CHARGES --CUST ONLY AUTHORIZED \$80, THAT DLR DID NOT ADVISE IT WAS P ER HOUR--DLR DID NOT ADVISE OF LABOR FEES--CUST OWES DLR \$26 0 FOR 3.5 HOURS LABOR--CUST'S INSURANCE IS WILLING TO COVER MEDICAL, BUT WILL NOT COVER AIRBAG--CUST IS SEEKING FOR FORD TO PAY FOR THE REPAIR OF THE AIRBAG SYSTEM AND WHAT MEDICAL BILLS INSURANCE WILL NOT COVERDEALER SAID: FREEDOM FORD3941 ADMIRAL PEARY HWYEBENSBURG, PA 15931TEL:(814) 471-7623FAX:( 814) 471-6818S/M: DOUG--\$80 FEE IS PER HOUR. WILL SPK TO S/A ABOUT THIS AND WILL CONTACT CUST BACKCRC ADVISED: I WILL FO RWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNS EL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINES S DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL C USTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.\* -ADVISED CUST AS ABOVE

(20-10-20)) (20-10-20) (20-10-20)

CONSUMER AFFAIRS

BEGINNING OF CONTACT 08/24/2010 VOICE	OF THE CUSTOMER TRACK	ING SYSTEM		08:00.06
REGION: W1 LOS AN <u>GELES</u> Z	IGC ISSUE ONE: A05 NGINE: W VEH TYPE:		CASE NBR: OPENED: CLOSED:	1473732350 08/23/2010 08/23/2010
LAST NAME: TITLE: ADDRESS:	FIRST NAME:		STATUS: MI:	CLOSED D
CITY: BAKERSFIELD	STATE:	CA	ZIP:	
HOME PHONE: MODEL YEAR: 2004	MODEL:	F150 4X2 CREW	/ CAB-STYLES	SIDE
	N-M SALES CODE: GED SRS MALFUNCTION S AIR BAG SYSTEM DEPLOYI	L54005 MENT	P & A:	11815
ACTION: 705 - CONTACT	ERN CASE BASE COMMUNIC ADVANCED TO OGC TDAVI223 DAVIS, TIFFANY	ATION: PHONE		
DATE: 00/00/0040 TIME: 40.00.00				

DATE: 08/23/2010 TIME: 13.09.32: ACTION DATA/COMMENTS:

> CUSTOMER SAID: <u>8/19/10</u> THURSDAY DAUGHTER DRVING-AIRBAG WEN T OFF-NO WRECK MINOR CUTS AND BRUISES-TOOK VEH TO DLRSHP-SAL ES MANAGER AND SERVICE MANAGER DID NOT KNOW WHAT TO DO-DLR D ID INSPECTION-SENSORS NEVER WENT OFF-DLR SEEKING TARE DOWN O F VEH-CUST SEEKING LOANER VEH AS WELLDEALER SAID: JIM BURKE LINCOLN-MERCURYLM CODE: 54E0055310 GASOLINE ALLEY DRIVEBAKER SFIELD, CA 93313TEL:(661) 837-6400GARY RUIZ USED SALES MANAG ERSTEVE SMITH S/MCRC ADVISED: I WILL FORWARD YOUR INFORMATIO N TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEI VE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCER N. NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INF ORMATION BEFORE SENDING ISSUE.-CRC ADV OF ABOVE-ALL CONTACT INFORMATION IS CORRECT

CONSUMER AFFAIRS

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Office of the General Counsel

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

August 24, 2010

BAKE	RSFIELD, CA	
RE:	2004 F-SERIES	
VIN:	1FTRW12W04K	
Dear N	1r	

SEP 2 9 2010 3C

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a fair and timely manner.

If you have turned any portion of this matter over to your insurance company, and should you or 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.

If you intend to pursue a claim directly, we request that you provide us with <u>all</u> the following information by completing and returning this form:

To begin our evaluation, we will need the following documents:

- A copy of the police/fire report.
- A copy of the title and vehicle registration.
- A separate sheet of paper providing a complete description of the incident.
- Medical records for each person alleged injured from all treating physicians/facilities.
- Medical bills for each person alleged injured from all treating physicians/facilities.
- Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
- Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
- A copy of your expert's report and the expert's original photographs.
- Repair estimate, repair order, a total loss worksheet with copies of draft payments.
- Complete service history for vehicle including maintenance items.
- A statement from insurance company indicating there are no pending claims and the reason for the denial.
- Attach a copy of your expert's report and the expert's original photographs

For each person alleged injured provide the following: (If there are additional names Continue on back.)

Full Legal Name:

Full Legal Name:

	Address:	Address:
	Spouse's Name:	Spouse's Name:
	DOB:	DOB:
	Soc Security#:	Soc Security#:
	Gender:	Gender:
	Occupation:	Occupation:
	Injury:	Injury:
		alth Insurance Provider:
Du- the above r aware that recover any settlement has been as	If so, state the name of the person(s) Has the injured party received more than to the incident If yes, state the name of the person(s e to Medicare reporting requirements, requested information. If it is determine pursuant to the Medicare Secondary I y conditional payments it has made with be reached in this claim, Ford will not ssured that Medicare's interests are pr	24 months of social security disability benefits prior 24 months of social security disability benefits prior s) we cannot evaluate your claim until you provide ned that you are a Medicare beneficiary, please be Payer Act (MSP) Medicare has a statutory right to th respect to your injury. Further, should a enter into any settlement agreement until Ford otected.
2.	Has the alleged defective part been repa	ISAG ISPLOYEP WITHOUT CONTACT. put ston ired or renlaced? (circle one) Yes or (No)
4.	What was the <u>city</u> , <u>state</u> and <u>date</u> of occ	currence: <u>B 9 10</u> BakenSFIECD CA.
5.	What was the mileage at time of occurre	ence: 138,000
6.	List all after market additions or modifie	cations that were made to the vehicle:
7. 8. 9. 10.		ne) Vestor No

11. Please provide the current location of the vehicle (you may need to contact your insurance

company to provide this information).

JIM BURKE FORD, BALENSFIELD CA.

- 12. Has an insurance company been advised of this incident? Yes No
- 13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.
- 14. Please provide the names and contact information of any witnesses to the incident? Darlene & SUNSHING DAY CARE 528 5. REAL BAKERSFIED CA 93309 (601) 397-1948

Ford Motor Company is committed to providing you with a fair and timely response, so please note that we need all the information requested above to evaluate this matter. Your concern can not be evaluated until <u>all</u> the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. Should you 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. <u>Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.</u>

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,

m. m. lak

M. Morris Legal Analyst – OGC Product Claims









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BEGINNING 0 09/08/2010	,	VOICE OF THE	CUSTO	MER TRACK	ING SYSTEM		07.55.04
REGION: C	2 HOUSTON RW12W35K	OGC ISSUE ZONE: AG ENGINE:		VEH TYPE:	Т	CASE NBR: OPENED: CLOSED:	578302500. 2010/09/07 2010/09/07
LAST NAME: TITLE: ADDRESS:	MR		FIRST	NAME:		STATUS: MI:	CLOSED
CITY: HOME PHON	CITY: LAREDO		STATE		ТХ	ZIP:	
MODEL YEAF	R: 2005		MODE	L:	F-SERIES		
MILEAGE: 143726 DEALER NAME: SAMES MOTOR COMPANY, REASON CODE: 0796 LEGAL - ALLEGED INJU SYMPTOMS: 104457 RESTRAINTS AIR BAG		RŶ	CODE: EM DEPLOYN	F52772 MENT	P & A:	04498	
ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE ACTION: 705 - CONTACT ADVANCED TO OGC DOCUMENT: ANALYST: SSLIVKOV SLIVKOV, SONIA							
DATE: 2010/09/07 TIME: 16.03.49 : ACTION DATA/COMMENTS:							
	CUSTOMER SAID: ++ ON FRIDAY, SEPTEM PARKED IN HER DRIV IGNITION. UPON CAP DEPLOYED SMACKIN INTO FRAME AND HE WATCH AND HER STO HURTS.CUSTOMER STO ALL.CUSTOMER BRO CHARGE HER FOR TH	BER 3, 2010 SH /EWAY, PUT SE R STARTING WI G HER CHEST, R RIGHT HAND OMACH IS NOW STATES THAT T CAUSE SHE HAI UGHT VEHICLE	IE GOT I EAT BEL THOUT LEFT(D WAS IN V RED F HERE IS D NOT M E TO DE,	IN VEHICLE T ON AND TH MOVING IT, DRIVER SIDE JJURED WHE ROM INJURY S NO REASO 40VED THE ALER BUT TH	THAT WAS HEN TURNED THE AIR BAG ) WINDOW FEL NIT HIT HER ( AND N FOR THE AIR VEHICLE AT HEY WANT TO	L	

SHOULD BE PAYING FOR SOMETHING THAT SHE IS NOT RESPONSIBLE FOR. IT IS OBVIOUS THAT THERE IS A DEFECT IN VEHICLE AND WANTS FORD TO LOOK INTO IT. SHE IS AFRAID OF DRIVING VEHICLE. THE WINDOW ON LEFT NOW DOES NOT WORK SHE HAD TO FIND A WAY TO PIN IT UP AND SHE IS ALSO BRUISED UP.SHE WANTS FORD TO TAKE

RESPONSIBILITY FOR THE DAMAGE.VEHICLE IS IN CUSTOMER'S DRIVEWAY.CUSTOMER STATES THAT SHE SPOKE TO SOMEONE AT FORD. ON FRIDAY. SEPTEMBER 10, 2010 AT THE CUSTOMER CARE CENTER AND WAS TOLD THAT FORD COULD DO NOTHING FOR HER BECAUSE THE VEHICLE WAS OUT OF WARRANTY.SHE SAYS THIS IS NOT

A WARRANTY ISSUE.CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER

CONTACT INFORMATION BEFORE SENDING ISSUE.

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09/08/2010 FAXOGC1 CONFIDENTIAL



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**BEGINNING OF CONTACT** VOICE OF THE CUSTOMER TRACKING SYSTEM 08.00.02 05/07/2010 OGC ISSUE CASE NBR: 0443121260 ZONE: G1 CHICAGO OPENED: 05/06/2010 A04 REGION: 1FTRF12W15N ENGINE: \A/ VEH TYPE: Т CLOSED: 05/06/2010 VIN: -----STATUS: LAST NAME: CLOSED TITLE: FIRST NAME: MR MI: Μ ADDRESS: ZIP: CITY: CHICAGO STATE: IL. HOME PHONE: 2005 MODEL: F150 4X2 STYLESIDE REG CAB MODEL YEAR: 98000 MILEAGE: DEALER NAME: HAWK FORD OF OAK LA SALES CODE: F41001 P & A. 07183 0794 LEGAL - ALLEGED SRS MALFUNCTION **REASON CODE:** SYMPTOMS: 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT US CONCERN CASE BASE COMMUNICATION: PHONE **ORIGIN:** CACI38 ----CONTACT ADVANCED TO OGC ACTION: 705 \_ ANALYST: CBIGELO1 BIGELOW, CRYSTAL DOCUMENT: FOOD POTOR CONPARTY DATE: 05/06/2010 TIME: 12.18.31: ACTION DATA/COMMENTS: SCEDES Alder (Nat  $\dot{r}$ CUSTOMER SAID: - LTV 61- 98000 MILES- I HAVE A PROBLEM WITH MAY 97 2010 MY VEHICLE.- DEALERSHIP TOLD EM TO CALL YOU .- THIS IS MY 4TH VEHICLE THAT I HAVE BOUGHT AT HAWK FORD.- MY PROBLEM IS THA 001. *3 63* 162 T HAVE A 2005 F150 AND AIRBAD DEPLOYED. - THERE WAS NO ACCI DENT INVOLVED.- MY WARRANTY IS UP.- I WAS DRIVING ABOUT 3 TO 5 MPH AND THE AIR BAG BLEW OUT OF THE STEERING WHEEL.- I KN GENERAL CONTRESS. OW THAT THERE WAS A RECALL FOR THE 250, AND 350 BUT THERE WAS N'T ANYTHING FOR MY VEHICLE.- I CHECKED THE INTERNET AND FOU ND THAT THERE WERE 14 COMPLAINTS ABOUT THIS ISSUE.- I DON'T KNOW WHAT TO DO .- THERE WAS NO AIRBAG LIGHT ON .- I DID NOT G O TO THE HOSPITAL.- I AM SORE IN MY NECK AND LEFT HAND.- I W OULD RATHER JUST HAVE MY VEHICLE FIXED.- I THINK IT IS A SAF ETY ISSUE.- I CAN'T WAIT 15 DAYS, THIS NEEDS TO BE EXPEDITED .- I TURNED IT ON AND SEEN THAT THERE WAS NO AIRBAG LIGHT ON THE DASH.~ I DO HAVE INSURANCE ON THE VEHICLE.DEALER SAID: --HAWK FORD OF OAK LAWN6100 W. 95TH STREETOAK LAWN IL 60453( 708) 599-6000CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN. NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMA TION BEFORE SENDING ISSUE - CRC ADVISED CUSTOMER THAT SINCE HE IS NOT SATISFIED WITH RESOLUTION FROM REP THEN SHE WILL E

CONSUMER AFFAIRS

05/07/2010 FAXOGC1

GT HIM A SUPERVISOR TO SPEAK WITH ABOUT THE ISSUE.

Chicago, IL

June 3, 2010

Ford Motor Company Office of the General Counsel Product Claims Department P.O. Box 70 Dearborn, MI 48121-0070

JUN 0 8 2010 JUN

Dear Sir or Madam:

I recently had an issue with my driver's side airbag in my 2005 Ford F150 truck. I went to the dealership, who referred me to your corporate offices. I was then asked to write this letter to explain the incident.

I was at my home and drove one-half block to my mother's house, and my airbag opened up. I did not hit a pothole, another car, or any other obstacle. The airbag deployed with no incident and with no warning; the light did not go on. Nothing warned me that this might happen at that time. Two days before, I had taken my vehicle to Parkfield Ford to ask them why a bell in the truck was going off occasionally. They told me that it could be the sensor for when a door was ajar. I was told to shoot oil down the door lock in case the sensor was sticking, and I did this. Never once did anyone mention anything about the airbag.

Please find enclosed pictures of my truck and the street on which the incident occurred, and also the names, addresses and phone numbers of three witnesses who you are welcome to call for collaboration.

I have been a loyal Ford customer for almost 40 years; my first vehicle was a 1968 Ford Galaxie Custom and I have been very pleased with the Ford products I have purchased. My previous Ford vehicles have been reliable and lived up to my expectations of a Ford product.

I am very disappointed that this incident was not taken care of immediately at the dealership when I took the truck in. This was an extreme safety issue; God forbid I had been on the highway driving 60 mph in traffic. This situation could have caused a major accident, injury, and possibly death. Fortunately, I only suffered a bruise to my left hand when the airbag deployed.

I do not think it is asking too much for Ford to fix this airbag situation at no cost to me. I would appreciate your consideration of this matter, and I would be happy to speak with anyone who can help rectify this situation through the dealership I purchased my vehicle from, Hawk Ford in Oak Lawn.

If you have any questions or need further information, please contact me as soon possible. I look forward to hearing from you soon.

Sincerely,

## attachments

P.S. The letter you sent me was addressed to my son, **Sector Construction**, and not to me, **Sector Construction**. Please adjust your files accordingly. Also, regarding vehicle service, I change my own oil and rotate my own tires. Otherwise, the vehicle is just the way it came from the factory.

## Witnesses



··.#.



Office of the General Counsel

## **PRIVILEGED & CONFIDENTIAL**

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

May 7, 2010

CHICAGO, IL	

Re: 2005 F-SERIES

Dear Mr

Recently the Office of the General Counsel of Ford Motor Company was made aware of your recent contact to our Customer Relations Center in regards to the above vehicle. We thank you for the opportunity to address this concern in a timely manner.

If you have turned any portion of this matter over to your insurance company, and should you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company and/or you contact us in writing to the address noted above notifying us of their intent to pursue subrogation, or your intent to pursue a claim directly.

In order to evaluate this matter, we request that you provide us with all the following information by completing and returning this form:

$\boxtimes$	1.	Attach on a separate piece of paper a complete description of the incident, including events that occurred prior to and subsequent to the loss.
$\boxtimes$	2. 3.	A copy of the police and/or fire report. Original color photographs of the vehicle's collision/fire damage & the alleged
	A	defective part(s), <b>from several different angles.</b>
$\boxtimes$	4.	Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
$\mathbb{Z}$	5.	Original color photographs of the accident scene showing the grade of the road.
$\boxtimes$	6.	Attach a copy of your expert's report and the expert's original photographs.
$\boxtimes$	7.	Attach the repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and <b>copies of draft payments</b> .
$\boxtimes$	8.	A complete service history for the subject vehicle, including any tune-ups or oil changes.

Please answer the following in the space provided. If you need additional space, please use the back of the form;

What was the city and state of occurrence: 9.

Chicago <u>Thing</u> The 17 digit vehicle identification number:

10. IFTRF12WI5N

- What was the mileage at time of occurrence: 11.
- Approx 98,121 mls. What is the alleged defect: 12. What is the alleged defect: <u>Airbag deployed</u> without Provocation Has the alleged defective part been repaired or replaced? (circle one) Yes or
- 13. No
- List all after market additions or modifications that were made to the vehicle: 14.
- Was the engine running? (circle one) (Yes) or No 15.
- Were the keys in the ignition? (circle one) (Yes) or No 16.
- Was this vehicle purchased new or used: 17. New
- If purchased used, provide the date of purchase, mileage at the time of purchase, 18. and from whom the vehicle was purchased:
- Please provide the current location of the vehicle (you may need to contact 19. your insurance company to provide this information).

10.501 5 Troy ST. Chicago III, (Res. Home) Has an insurance company been advised of this incident? (Yes) No

20.

If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number. Claim #

Tony Penca Farmers Ins.

What are you seeking from Ford Motor Company in this matter? 21.

To Fix Airbag + Fix reason for deployment.

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you 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 inspected until all the above information has been submitted and a determination has been made as to whether a inspection is warranted.

Please be advised that all necessary steps should be taken to ensure that the subj vehicle and all of its component parts are maintained and preserved for trial. Ford Mr Company has the right to inspect the vehicle and remove and test any component part that

claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial, should litigation ensue from this informal claim.

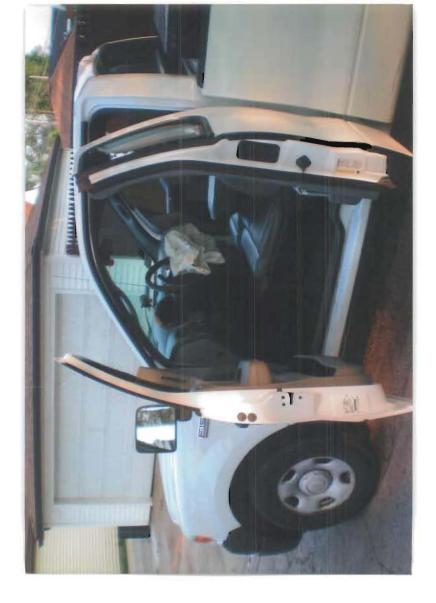
If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Sincerely,

c & lik

C. Simonds Product Claims











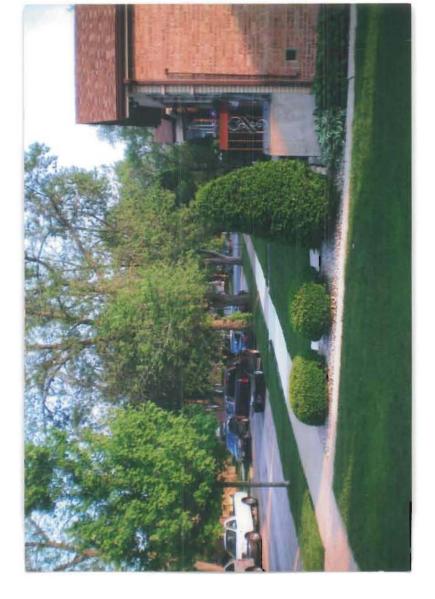














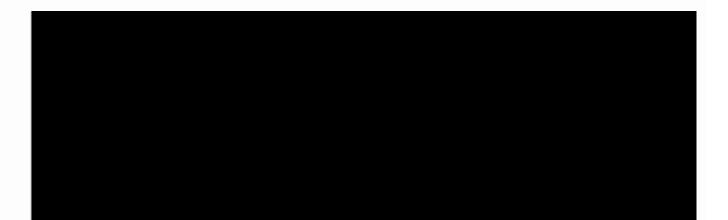












From: dcpform@ford.com [mailto:dcpform@ford.com] Sent: Monday, February 14, 2011 5:28 PM To: Ordcalp, F (F.); Taylor, Alma (A.) Cc: walterhammock@edmorse.com Subject: Dealer/Fleet Request for OGC Review

### **Dealer/Fleet Request for OGC Review**

Email Subject: Dealer/Fleet Request for OGC Review **DEALER INFORMATION:** Dealership Fleet Name: Coastal Ford Requesting Dealer Fleet: Coastal Ford PA Code: 02839 Contact Person: Walter J Hammock Title: Parts and Service Director Phone Number: 2513444000 Fax Number: 2513449016 Email: walterhammock@edmorse.com Region: Orlando, Fl Address: 7311 Airport Blvd City: Mobile State: Alabama Zip Code: 36608 **CUSTOMER VEHICLE INFORMATION:** WSD: 01/05/04

2/15/2011

Vehicle Year: 2004 Vehicle Model: F150 Vehicle VIN: 1FTPW14574K Mileage: 127191 customer Fleet 1 Street Address: City: Semmes State : Alabama Zip Code : Home Pho Work Pho Customer Region: Orlando, Fl **DETAILS OF INCIDENT:** Iniury Date of Incident: 2011-02-12 County incident occurred: USA Is customer alleging a component defect CAUSED the incident? YES Details: customer came in saturday with concern of driver air bag deployed while sitting parked and went from park to drive. customer states no accident occured. customer states has injuries from air bag deployment, customer states neck hurts, advised customer insurance company should be called customer states called insurance and they stated no coverage due to lack of damage (collision), customer advised no coverage from fine at this time customer will be responsible for diagnosis and repair untill and if fine accepts any responsibility. customer was placed in rental for weekend by service advisor. advised customer that she will be responsible for any charges after today as no warrantable coverages are in place at this time, awaiting assistance from fmc at this time, diagnosis will move forward as requested by customer. please advise. walter j hammock sd Was a police report filed? NO **Details**: Has the insurance company been contacted? YES Insurance company advised: since there was no accident they accept no responsibility Insurance company contact information: Alfa Insurance, Craig, 251-649-7466 Coach builder: no City : State :

Zip Code :

Vehicle Location: Coastal Ford,

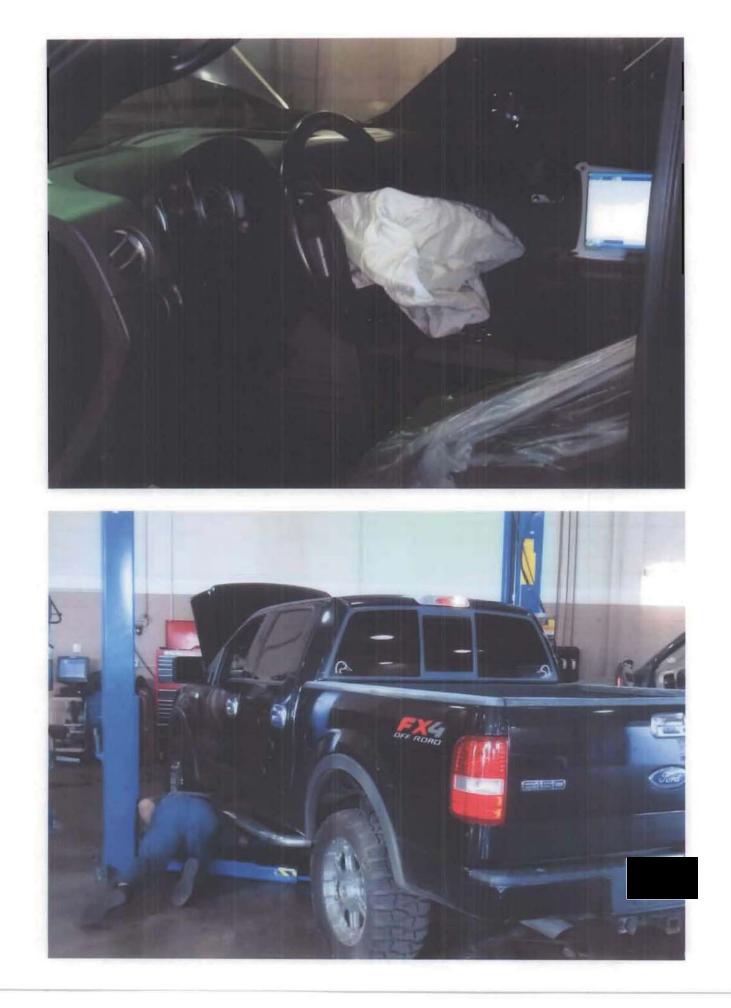
Attorney information: not at this time

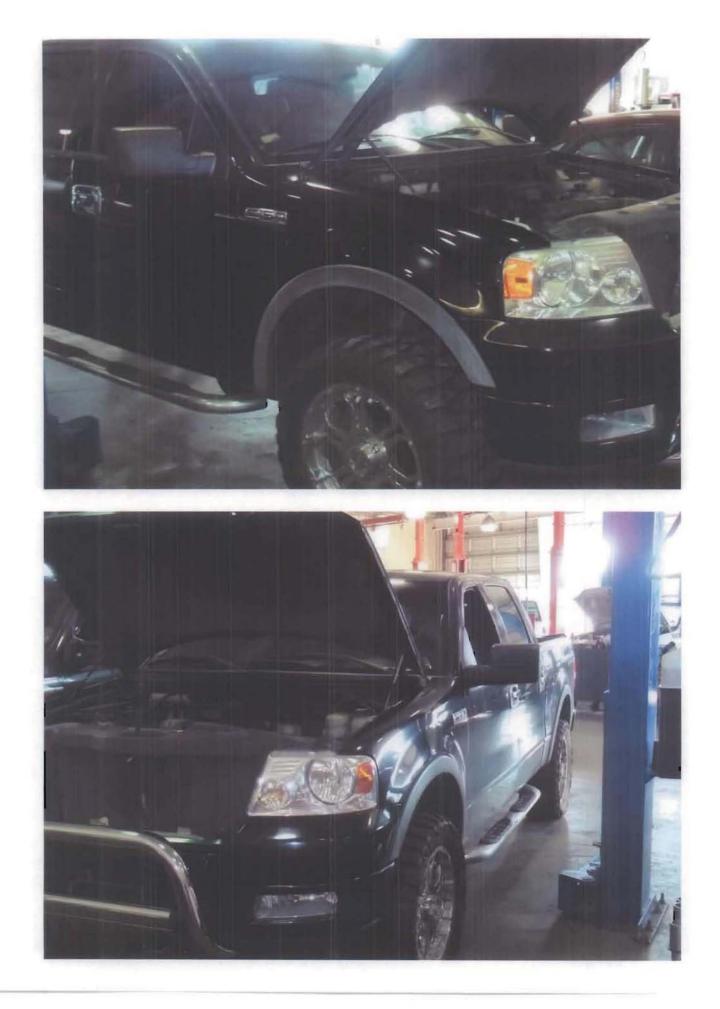
**CVO Contact:** 

**Resolution Customer is seeking:** vehicle repaired at no cost, nothing else unless neck gets worst. she is stove up and hurts at this time.

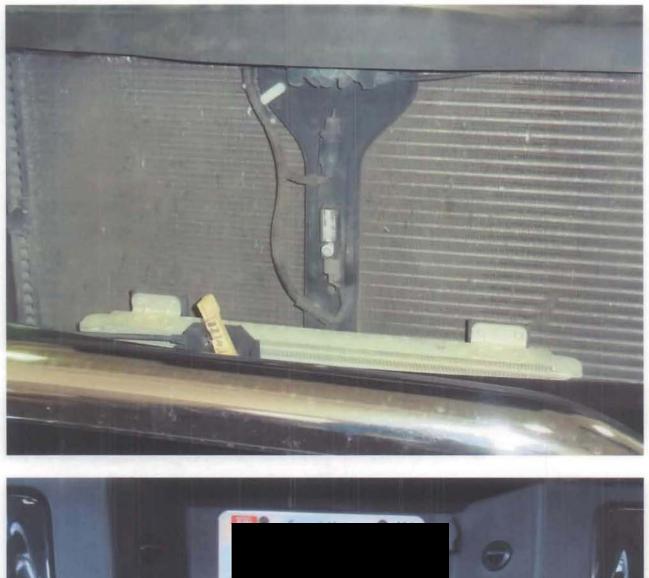
**Comments:** customer is without transportation as of 02/14/11 dealer supplied transportation saturday untill management was available to review and advise. Walter J Hammock SD CUDL opened #1609670451

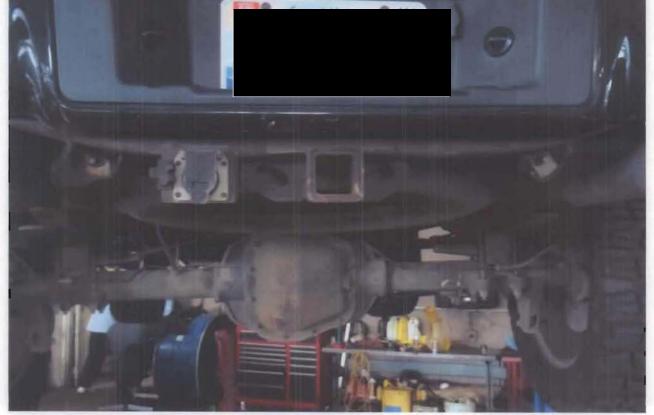
Copyright 2011 Ford Motor Company

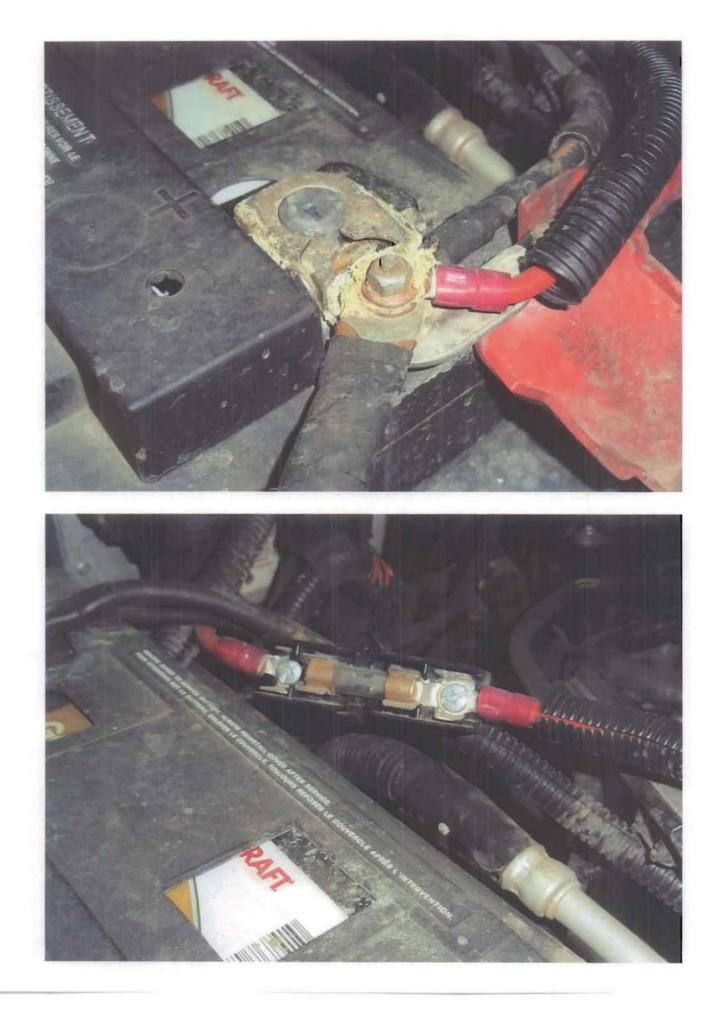


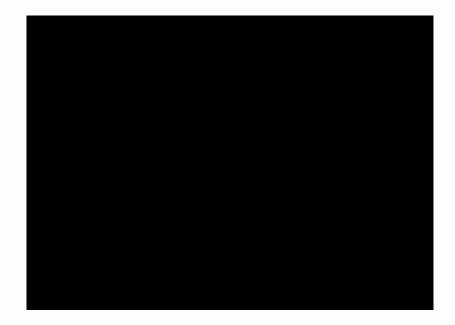












FORD MOTOR COMPANY RECEIVED CLARCE DEER SEP **2 2** 2011 OFFICE OF THE GENERAL COUNSEL

From: dcpform@ford.com [mailto:dcpform@ford.com] Sent: Wednesday, September 22, 2010 2:35 PM To: Ordcalp, F (F.); Taylor, Alma (A.) Subject: Dealer/Fleet Request For OGC Review

## **Dealer/Fleet Request For OGC Review**

Dealership/Fleet Name: Ben Satcher Motors Requesting Dealer/Fleet: Ben Satcher Motors Contact Person: Mike Taylor Title: Shop Foreman Address: 1201 W. Main St. Telephone: 8033594114 Email Address: mike.taylor@bensatchermotors.net PA Code: 01078 Region: Charlotte City: Lexington **Dealer State: SC** Fax Number: 803-957-0365 WSD: 02/01/2005 Vehicle Year: 2005 Vehicle Model: F150 Vehicle VIN: 1FTRX14W65N Mileage: 95101 **Customer/Fleet** Street Address: City: Lexington State: South Carolina **Zip Code:** 

9/22/2010

**Home Phone:** Work Phone: Customer Region: S2 - Charlotte Incident Involves: Medical%20Attention%20Sought Date of Incident: 09/17/2010 County in which incident occurred: Florence Is Alleging Defect: Yes Alleging defect detail: Customer says that some defective component caused air bag to explode uncommanded. Police Report Filed: Yes Police Report detail: Customer said he called Ford Motor Co. and the National Highway and Transportation Board Insurance Company Contacted: Y Insurance Company Advice: Unknown Insurance Company Contact Information: State Farm.Kelly O'Brien.803-227-1497 Coach Builder: no Coach Builder State: SC - South Carolina Vehicle Location: Ben Satcher Motors.Lexington SC Resolution Sought Detail: Customer wants vehicle repaired at no charge. Comments: Ran SRS diagnostics. Had code B2293 for air bag deployment. Inspected wiring at clockspring for chaffing.No problem found.

This email was automatically generated. Please do not reply to this email. No one monitors the inbox for this email address.

	Full Local Name: Full Local Name:
	_s CILBERT S.I
	Addi Spouse's Name: SUZANNE C. MELSpouse's Name:
	DOB: 12-4-48 DOB: 7-12-66
	Soc Security
	Gender: M Gender:
	Occupation: 1-ofles 7LK Occupation:
	Occupation: FORESTLK Occupation: Injury: FRETION BURNON LEFT WRET - WHIPLASH
5.C.	Health Insurance Provider: Health Insurance Provider:
1	Is the injured party receiving Medicare benefits $\mathcal{N}^{\mathcal{O}}$ If so, state the name of the person(s)
	Is the injured party receiving Worker Compensation benefits $\mathcal{NO}$ If so, state the name of the person(s)
	Has the injured party received more than 24 months of social security disability benefits prior to the incident $\underline{NO}$ . If yes, state the name of the person(s)
the above a aware that recover an settlement has been a	te to Medicare reporting requirements, we cannot evaluate your claim until you provide requested information. If it is determined that you are a Medicare beneficiary, please be t pursuant to the Medicare Secondary Payer Act (MSP) Medicare has a statutory right to by conditional payments it has made with respect to your injury. Further, should a be reached in this claim, Ford will not enter into any settlement agreement until Ford assured that Medicare's interests are protected.
1.	What are you seeking from Ford Motor Company in this matter? FIX & REPLACE AL BAL, PAY MEDICAL, PAY CONPINSATION What is the alleged defect: AL BAC DEPLOYED FOR NO ROBON
2.	What is the alleged defect: ALP BAC DEPLOYED FOR WE REPON
3.	Has the alleged defective part been repaired or replaced? (circle one) Yes or
4.	What was the city, state and date of occurrence: ULANTA, SL. 9-17-18
5.	What was the mileage at time of occurrence: <u>74 THOUS NOUT</u> +
6.	List all after market additions or modifications that were made to the vehicle:
7.	Was the engine running? (circle one) (Yes or No
8.	Were the keys in the ignition? (circle one) <b>Tes</b> or <b>No</b>
9.	Was this vehicle purchased new or used: NEW

----

- 10. If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased:
- 11. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

RESIDENSE AT

- 12. Has an insurance company been advised of this incident? Yes No
- 13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

14. 1

Ford Motor Company is committed to providing you with a fair and timely response, so please note that we need all the information requested above to evaluate this matter. Your concern can not be evaluated until <u>all</u> the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. Should you 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 inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted. If your vehicle is accruing storage charges, you should immediately make arrangements to move it to a facility that will not charge you for storage.

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.

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Thank you for your prompt attention to this matter.

Sincerely,

m.m./dk Marquis Morris

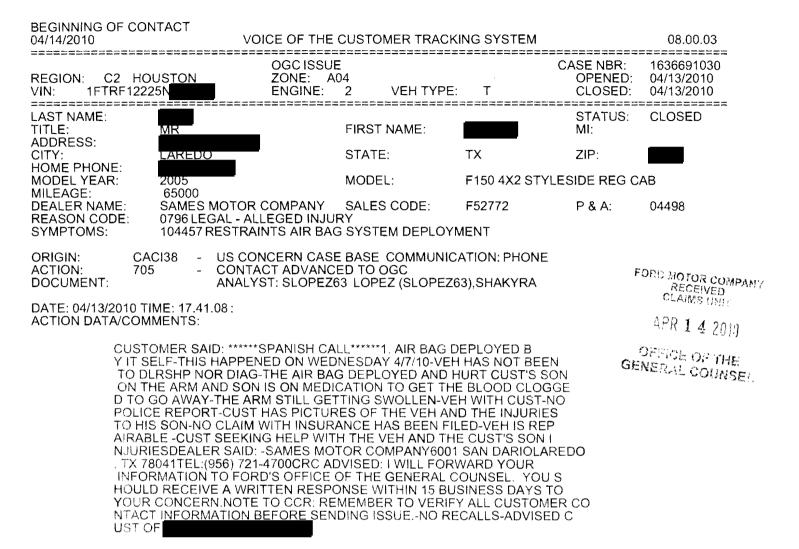
Legal Analyst- OGC Product Claims

2 WAS AT A LOUGING JEB IN FLORENCE COONTY, S.C. MILOX 4 MILES SOLL OF THE TOWN OF OLANIA SC. THIE CLANKED MY TRUCK AND SLOWLY WHERX. DROVE OFF A10-15 VARDS WHEN AIR BAC EXPROPT HITTING MY LEFT ARM AND CHEST MAD CONFIRM WHY HEAD TO JEKK. CONTRIEN STATE FALM HAPKOY. 1230 PM AS I WAS METHED TO M DR. HEN LEVINGOAS OFFICE COREY YELTON TALKED W/ ME HAW FILED THE REPORT. WAS SEEN BY DOLTER APPROX 200 PM AND WAD BURN TRUCK APPROX 200 PM AND WAD BURN TRUCK FOR NECK. TO THIS OAS GIVEN MUSCLE RECENCE FOR NECK. TO THIS DAY 9-29-10 MY NEEK STILL CRACKS AS I TURN MY HOLD.

REPORTED INC, NENT TO, FERD MOTOR LU. ON MIN. 9-20-10 - CASE KARACINE # 0302982640 E DU NOT NAVE PHOTOS, BUT GED KE KISER W/ BON SATCHER EN HAS GESCHUED AND HAS KERORIED TO FORD MOTOR CO.

> Ban SATCAUR FORD - (803) 359 - 4114 (GEOLGE KISER)







**BEGINNING OF CONTACT** VOICE OF THE CUSTOMER TRACKING SYSTEM 07.55.01 11/20/2010 \_\_\_\_ OGC ISSUE CASE NBR: 434123230. REGION: ZONE: W3 PHOENIX A02 OPENED: 2010/11/19 ENGINE: W VEH TYPE: Т CLOSED: 1FTRF12W55N 2010/11/19 VIN \_\_\_\_\_ \_\_\_\_\_ LAST NAME: STATUS: CLOSED TITLE: FIRST NAME: MR MI: ADDRESS: TUCSON STATE: AZ ZIP: CITY HOME PHONE: MODEL YEAR: MODEL: **F-SERIES** 200572200 MILEAGE: HOLMES TUTTLE FORD. DEALER NAME: SALES CODE: F71204 P & A: 02880 REASON CODE: 0796 LEGAL - ALLEGED INJURY 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT SYMPTOMS: US CONCERN CASE BASE COMMUNICATION: INBOUND CUSTOMER EMAIL ORIGIN: CACI38 -ACTION: 705 CONTACT ADVANCED TO OGC ANALYST: SCOOPERI COOPERIDER (SCOOPERI), SUZANNE DOCUMENT: DATE: 2010/11/19 TIME: 12.03.31: ACTION DATA/COMMENTS: CUSTOMER SAID: =THREAD ID: 1-5GTL25 ==CUST INDICATES IN EMAIL OWNER OF VEH = ON NOVEMBER 17TH 2010 AT 11:40AM | ENTERED AND STARTED MY 2005 FORD F-150 TO LEAVE FOR WORK. WHILE IN PARK 10 AND IDLING IN MY DRIVEWAY, I LEANED FORWARD AND LOOKED LEFT TO SECURE MY BAG IN THE PASSENGER SEAT. AT THIS TIME THE DRIVERS SIDE AIRBAG DEPLOYED STRIKING ME IN THE LEFT SIDE OF THE FACE AND HEAD. HIMMEDIATELY EXPERIENCED BLACKNESS AND RINGING IN MY EARS. MY WIFE CAME OUT OF THE HOUSE TO SEE WHAT HAPPENED AS I WAS EXITING THE VEHICLE. I HAD A HARD TIME HEARING HER BUT I SAID THE AIR BAG HAD DEPLOYED AND HIT ME. I TURNED OFF THE VEHICLE, STILL IDLING AND IN PARK, SO I COULD GO INSIDE AND ASSESS MYSELF. THE LEFT SIDE OF MY FACE WAS RED AND SORE INCLUDING MY UPPER LIP, EYE, NOSE, LEFT EAR AND NECK, I HAD SOME BLOOD IN BOTH NOSTRILS AND A HEADACHE THAT PERSISTS TODAY, MY HEARING IS STILL NOT FULLY RESTORED IN THE LEFT EAR AND I HAVE ACUTE PAIN THERE AS WELL AS IN THE LEFT SIDE OF MY NECK. THIS SHOULD NEVER HAVE HAPPENED! HOW IS THE FORD MOTOR COMPANY GOING TO MAKE IT RIGHT?DEALER SAID: =NONECRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE. = SENT EMAIL ADVISING CUST OF ABOVE, BUT ALSO ADVISING MAY REQUIRE ADDITIONAL INFORMATION SUCH AS

WHETHER OR NOT THEY FILED A CLAIM WITH INSURANCE COMPANY OR

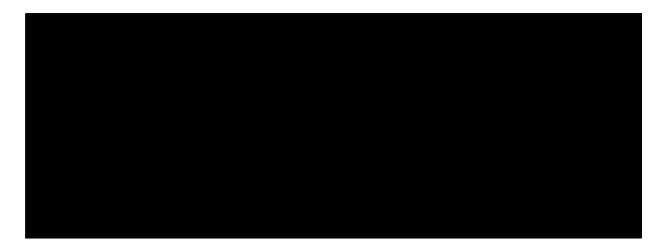
IF VEHICLE IS REPAIRABLE

BEGINNING OF CONTACT 11/03/2010 VC	DICE OF THE CUSTOMER TRACKIN	NG SYSTEM		07.55.05
REGION: C2 HOUSTON VIN: 1FTRF12W15K	OGC ISSUE ZONE: A06 ENGINE: W VEH TYPE:	C T	ASE NBR: OPENED: CLOSED:	663203060. 2010/11/02 2010/11/02
LAST NAME: TITLE: MS ADDRESS:	FIRST NAME:		STATUS: MI:	CLOSED
CITY: AUSTIN	STATE:	тх	ZIP:	
HOME PHONE: MODEL YEAR: 2005	MODEL:	F-SERIES		
MILEAGE: 83000 DEALER NAME: MAXWELL FORE REASON CODE: 0796 LEGAL - AL SYMPTOMS: 104457 RESTRAI		F52303 IENT	P & A:	02923
ACTION: 705 - CONTA	NCERN CASE BASE COMMUNICA ACT ADVANCED TO OGC ST: TKOONS KOONS, THOMAS	TION: PHONE		
DATE: 2010/11/02 TIME: 18.25.19 : ACTION DATA/COMMENTS:				
CUSTOMER SAID:CU	IST STATES THAT WHEN SHE STA	ARTED VEHCILE		

AT WORKPLACE AIR BAGS DEPLOYED.---KNOCKED UNCONCIONS---MINOR NECK INJURIES---CUST ADVISES THAT THERE IS A CLAIM THAT HAS BEEN PAID BY THE INSURANCE COMPANY.DEALER SAID: MAXWELL FORD5000 SOUTH I.H. 35AUSTIN TX 78745(512) 916-2696CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.PER TL JEREMY CASE DOES GET SENT TO OGC

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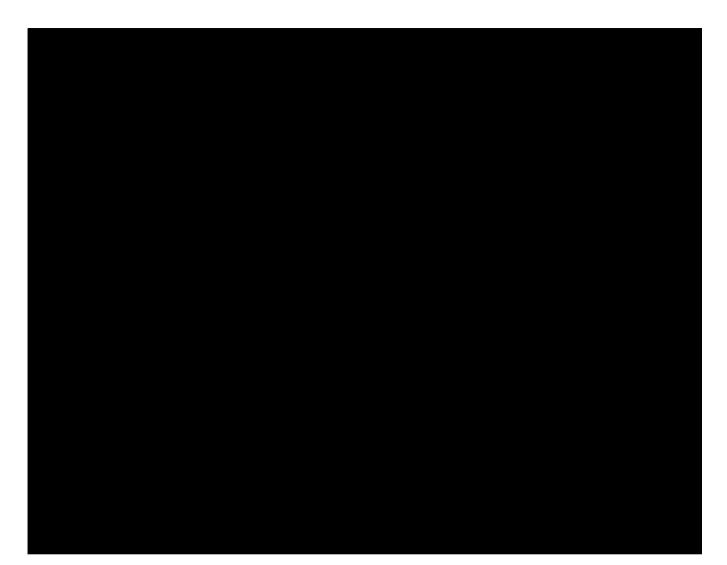


BEGINNING OF 11/13/2010	CONTACT	VOICE OF T	HE CUST	OMER TRACI	KING SYSTEM		07.55.01
REGION: W4 VIN: 5LTPW		OGC IS ZONE: ENGINE	A03	VEH TYPE	E: T	CASE NBR: OPENED: CLOSED:	
LAST NAME: TITLE: ADDRESS:	MRS		FIRS	T NAME:		STATUS: MI:	CLOSED
CITY:	RIVERT	ON	STA	TE:	UT	ZIP:	
HOME PHONE: MODEL YEAR: MILEAGE:	2006 61000		MOE	)EL:	MARK LT		
DEALER NAME: REASON CODE: SYMPTOMS:	0796LE	H. MILLER FORD GAL - ALLEGED IN RESTRAINTS SIDE	JURY		F56025 DEPLOYMENT	P & A:	05790
ORIGIN: ACTION: DOCUMENT:		US CONCERN CA CONTACT ADVA ANALYST: KCLAI	NCED TO	OGC		E	

DATE: 2010/11/12 TIME: 17.49.16 : ACTION DATA/COMMENTS:

CUSTOMER SAID: \*\*AIRBAGS DEPLOYED WITH NO IMPACT TO THE VEH\*\*CUST WAS INJURED HAS BRUISING AND BURNS FROM AIRBAG DEPLOYMENT\*\*CUST IS VERY UPSET\*\*NEEDING A RENTAL VEH AT NO CHARGE \*\*CAN NOT WAIT THE FIFTEEN BUSINESS DAYS\*\*WANTS VEH FIXED AND HOSPITAL BILLS PAIDDEALER SAID: LARRY H. MILLER FORD LINCOLN MERCURY - SANDY200 WEST 9000 SOUTHSANDY UT 84070(800) 526-4568CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

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May 17, 2010

Ford Motor Company 16800 Executive Plaza Drive MD 4	MAY ~ 5 2010 JW		
South Dearborn, MI 18126-4207			CUNSUM: SEI
		0	S
Our Claim Number: Loss Date: 05/13/2010 Our Insured:		INY 21	SECTION
Our Payment: \$1398.87 pending Salvage Recovery: \$ Deductible: \$		<b>89:5</b> 8	<b>FFARS</b>
Total Claim: \$1398.87 pending			
Your Insured: n/a Your File Number: n/a	FORD MOTOR COMPANY RECEIVED CLAIMS UND		
Your Driver: n/a	MAY 25 2010		

Dear Claims:

Location of Loss: West Virginia

Our investigation indicates that your insured is legally liable to our insured for damages arising out of the loss described above. We have made payment as indicated, and we are subrogated to our insured's rights of recovery.

OFFICE OF THE GENERAL COUNSEL

Please confirm that you provided coverage for the party described, and let us know when we can expect payment.



/

This is in regards to accidental airbag deployment with no collision and medical damages to our insured. Insured's vehicle 2005 Ford F-150 STX.

يحاصر مناجب والمروي

| COLUMBUS, OHIO

والمحرج المرتجد والمراجع

XCX800(0196)E

CORPORATE HEADQUARTERS |

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Office of the General Counsel

**PRIVILEGED & CONFIDENTIAL** 

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

June 4, 2010

Alle + 7 2010 SC

WEST	DES MOINES, IA		
ATTE	NTION:	, : ,	SUBROGATION SPECIALIST
RE:	Your Insured: Your Claim #: DOL:	May 13, 2010	)

Dear Ms. Fitzgerald:

We acknowledge your recently submitted subrogation claim letter. In order to assist us in evaluating your claim, we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

- 1. Attach your insured's statement with a complete description of the incident, including events that occurred prior to and subsequent to the loss.
- 2. A copy of the police and/or fire report and provide a copy of the Vehicle Title.
- 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective parts, from several different angles.
- 4. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- 5. Original color photographs of the accident / fire scene from several different angles.
- 6. Attach a copy of your expert's report and the expert's original color photographs.
- 7. Attach the repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
- 8. X Attach the complete service history for the subject vehicle, including any tune-ups or oil changes.

Please answer the following in the space provided. If you need additional space, please use the back of the form;

9. What was the city, state and date of occurrence:

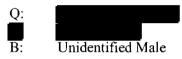
May 13, 2010 Tema Alta, West Vinginia

- 10. The 17 digit vehicle identification number: \_
- 11. What was the mileage at time of occurrence:  $\underline{94, 457}$
- 12. What is the alleged defect: <u>air bag (driver's side) sensor</u>
- 13. Has the alleged defective part been repaired or replaced? (circle one) Yes) or No

# **RECORDED CLAIMS STATEMENT**

Insured		Claim No.	File Name
Green			
Name of Person Giving Statement		Relationship to Ac	cident
bs		Driver	
Date Taken	Date of Loss	Requested By	
5/14/10	5/13/10		

COMMENT: Inaudibles due to participants speaking simultaneously.



Q: All right. This is . Today is May 14<sup>th</sup>, 2010. It's 10:13 a.m. and I'm speaking with in reference to an accident that was reported for May 13th, 2010. Uh, Shelby, do you understand that I am recording this? A: Yes. Q: And do I have your permission to do that? A: Yes. Q: Okay. And if I could verify your, um, first and last name, and please spell the last name? A: And your date of birth? Q: A: Q: And your home address? A: Terra Alta, West Virginia Uh, Q: And what's the city again? A: T-... Q:

Page 2		Claim Nu
A:	Yeah, it's,	
Q:	T-, I'm sorry.	
A:	It's two words	
Q:	Okay. And that's	
A:	Yes.	
Q:	Okay. All right, and, um, do you have a valid driver's license?	
A:	Yes.	
Q:	What city and state is that for?	
A:	It's, uh, -, or I'm sorry.	
Q:	I'm sorry, what state is it for?	
A:	It's West Virginia.	
Q:	West Virginia.	
A:	And do you need my number	
Q:	If you have it that would be great.	
A:	I know it. It's	
Q:	<b>—</b>	
A:	Yeah,	
Q:	That's it?	
A:	Yes.	
Q:	Okay. And do you have your own vehicle and insurance?	
A:	No.	
Q:	Okay.	
A:	Working on it but, no.	
Q:	Okay. Do you live with anyone that has their own vehicle and in	surance?

A: Uh, no.

n#.

# Claim Number:

#### Claim Number: GREE0006937

- Q: Okay.
- A: It's just me and my two kids.
- Q: Okay. All right, and, um, do you, are you presently employed?
- A: Um, no. Actually, I'm getting ready to go back to work.
- Q: Okay. Do you, uh, are, do you have any healthcare at all?
- A: Uh, I ha-, get Medicaid.
- Q: You get Medicaid? Okay.
- A: Yes, for now.
- Q: Okay. All right, and can you tell me what vehicle you were in, year, make and model?
- A: Yes. It's an, uh, 2005 Ford F150.
- Q: What color is that?
- A: Red.
- Q: And the owner of the vehicle?
- A: Uh, [phonetic].
- Q: Okay. And were there any passengers with you?
- A: Yes, my two kids.
- Q: Okay. And what are their names?
- A: Uh, [phonetic].
- Q:
- A: s.
- Q: Okay. And her date of birth?
- A: Uh,
- Q: Okay, and your other?
- A: And my son, [phonetic].

- Q: Uh-huh.
- A: And his birthday is
- Q: Okay. All right, and, um, any other vehicles involved at all?
- A: No. No.
- Q: Okay. And what date and time did this happen?
- A: Oh, let's see. Um, well, it happened yesterday. What was yesterday, so it would be...
- Q: The  $13^{\text{th}}$ ?
- A: Uh, yeah. I believe so. Yeah.
- Q: Okay.
- A: I'm ar-, I can give you an estimated time on that...
- Q: Yes. That's fine.
- A: Um, I'd say probably it's around, I'd say between 3:00 and 3:30.
- Q: Okay, in the evening, like p.m.?
- A: Yes, yes, ma'am.
- Q: And what location? What, what road were you on or...
- A: It was on Route, well, it was along Route 7. It, I was, I wasn't on the highway, I was getting ready to pull out onto the highway at the Shop 'N Save in Terra Alta along, along Route 7.
- Q: Shop 'N Save along Route 7 and is that in Terra Alta?
- A: For, yes.
- Q: Okay. And you were at the, like exit to the, of the parking lot to turn onto Route 7?
- A: Yes.
- Q: Okay. All right. And now w-, what exactly happened in the accident?
- A: Well, see I, we were there and we were getting ready. I pulled up by the Shop 'N Save sign, get-, getting ready to turn onto the highway. And I leaned up to make sure that the one way was clear. 'Cause I seen the car pass that I thought was the last one. I leaned up to see if it was clear and then the, it just come right back into my truck.
- Q: What came back...

#### Claim Number:

- Page 5
- A: And into my...
- Q: Into your truck?
- A: The airbag popped.
- Q: Okay.
- A: I mean, it, it popped, scared all of us to death.
- Q: Uh, okay. And it shot out?
- A: Yes.
- Q: Okay. And it, you hadn't come into contact with any vehicles or anything?
- A: No. Nothing was hit. No, absolutely not.
- Q: Okay.
- A: That's it.
- Q: So the front end of the car is fine?
- A: Yes, yes.
- Q: Okay. And, um, what happened then, uh...
- A: I, well, as soon as it popped I, it kind of stunned me a minute. You know, I...
- Q: Okay.
- A: I didn't know, that's the thing, so, but when I caught onto what had happened, I heard my daughter or my son, one of them said the airbag popped. And I grabbed a hold, I hurried up and undid my belt. And I tried to tell them to get out of the truck but I was inhaling that stuff, whatever it was coming out of there. And it made me to where I couldn't hardly breath. So I opened, after I undid my belt I opened the door, [inaudible] I threw it in park, opened the d-, door and then I got out. And [inaudible] and I was holding my arm and it was hurting pr-, and it was hurting very bad.
- Q: Which arm is it?
- A: My right arm, the lower part of my arm.
- Q: Is that your main, I mean, is that the, the h-, arm, hand you use?
- A: Oh, yeah, yeah. It's my right one.

- Q: Okay. And, um, now, did you go the hospital by ambulance?
- A: Yeah, there was a lady that had come up to the truck and asked me if I was okay. I said, no, I'm not okay, but in my own few choice words [laughs]. But, um, and I just said, just make sure my kids are okay. And she said, do you want me to call 911. And I said, yes, please. I said, 'cause my arm's pretty bad. And she did. And the fire chief and, uh, the, is also employed, I guess, down at J and J [phonetic] [inaudible], which was right across the road. They heard it, heard the bag p-, the airbag popped. So a couple of them come up from there. He was the first one on, that came up there. And then the people from Shop 'N Save heard it also and came out into the parking lot.
- Q: Okay. Um, so then you went by ambulance?
- A: Yes.
- Q: What hospital?
- A: Uh, Oakland [phonetic].
- Q: Okay. And what did they do for you there?
- A: They treated my arm, wrapped my arm. And gave me my tetanus shot and then took me for a X-ray.
- Q: Was anything fractured?
- A: No, thank God. No broken bones. Just they said it was deeply bruised. It was swollen. There was a two-inch laceration where it tore my skin. And...
- Q: Did they need to...
- A: I was...
- Q: Suture that or do anything?
- A: No, no. They just put, after a while when the swelling went down a little they put some antibiotic ointment on it and gave me my shot and wrapped it.
- Q: Okay. All right.
- A: And told me to follow-up with my doctor.
- Q: Okay. And, um, did, uh, did, uh, did you have an appointment yet with your doctor or did you make one?
- A: Well, actually I was picking up the phone to call my doctor and I seen a missed call. And that's when I realized that it was you that called.
- Q: Okay.

Claim Number:

- A: So I'm going to do that right after I get off here.
- Q: Okay. And, um, how is it feeling right now?
- A: Well, uh, the t-, they put me on that strong, that strong stuff [inaudible] and I, I [inaudible] I wasn't going to take it. But I had to. The pain just felt like somebody was hitting on my chest, my whole upper body, freaking it, it's sore.
- Q: Uh-huh.
- A: And it hadn't even changed this morning. And then my arm hurt but not as bad as, you know, it hurts but I was focused more on breathing. 'Cause it was pretty bad this morning so I took my pill.
- Q: Okay. Now have you ever hur-, had any prior injuries to your arm?
- A: N, no, no. I've stayed pretty good, other than bumps and bruises, no.
- Q: Okay. And, um, have you ever been in auto accident before?
- A: N-, no, no, uh-uh.
- Q: Okay.
- A: Uh, you know, just, you know, somebody has, uh, years ago back in '93, I believe, hit my car, you know, the side of the, my car. But it wasn't nothing to damage anything that hurt me or anything.
- Q: Okay. All right, and how...
- A: Yeah.
- Q: Were the kids? Were they okay?
- A: Other than stunned, yeah.
- Q: Okay.
- A: Yeah, they're fine, but they were, they didn't have to be treated or anything.
- Q: Okay. And was the vehicle drivable? Where is the, the vehicle?
- A: Uh, excuse me?
- Q: Where is the vehicle?
- A: The vehicle now, uh, the fire chief from J and J, uh, took it right next door, right across the road down to the J and J [inaudible] their garage. And he parked it for us.

- Q: Do you have an address and phone number for that?
- A: Uh, [speaks away from recording] can you get J and J's address and phone number on that card, can you get that for me...
- B: Yeah.
- A: [Returns to recording] Yeah, can you hold on one second...
- Q: Sure.
- A: Yeah, he got all that.
- Q: All right. And now, now have you driven the vehicle before?
- A: Yeah, yeah.
- Q: Okay. Do you have the vehicle with you? I mean, is, is that...
- A: No, it's still at the garage.
- Q: No, no, I mean, you normally drive the vehicle?
- A: Well, he drives it to work. Yeah, I used it yesterday 'cause I had to go get parts for a different vehicle that we're getting ready to take on a long trip.
- Q: Okay.
- A: And I was driving it. Uh, you know, I had it yesterday doing that. And I didn't make it over there to get the part.
- Q: Okay. And how often do you usually, um, drive the vehicle? I mean, you've driven it before?
- A: Uh, I've driven it before. But, no, it, it's just, you know, when like I have school or whatever I, I have to take it over there. But most generally it, he always h-, he always has it at work.
- Q: Okay.
- A: That's just a ne-, you know, a necessity if I need to.
- Q: Okay.
- A: For a doctor's appointment, I can't get a way to or something.
- B: [Inaudible.]
- Q: And you had...

Claim Number:

- A: [Speaks away from recording.] [Inaudible.]
- Q: Permission to use the vehicle?
- A: [Returns to recording] excuse me...
- Q: You had permission to use the vehicle?
- A: Oh, yeah, yes. Yeah, I had permission.
- Q: Okay.
- A: I have that address for...
- Q: Okay. Go ahead.
- A: Okay. Um, it's James Young [phonetic], okay. Route 7...
- Q: Uh-huh.
- A: [Speaks away from recording] uh, what is that...
- B: [Inaudible.]
- A: [Returns to recording] Terra Alta [Speaks away from recording] does it have his phone on...
- B: Yeah, [inaudible].
- A: Oh, okay. [phonetic].
- Q: Okay. And, and gave you the keys to the vehicle?
- A: Yes.
- Q: Okay.
- A: Yeah, he gave me the keys.
- Q: All right. And now was, was there a police report made?
- A: Well, see, I don't know. W-, all I know is 911 was called. And the EM-, you, there's only one cop in Terra Alta. So I don't know if he showed up there. I don't know, because my friend says, no, that he didn't show up there. But I mean, when you call 911 you would think...
- Q: Uh-huh.

~ -----

- A: You know, the fire chief is there. The EMS is there. Where's the cop, you know, so I. I never had to follow up police and he never, no cop came to me as I was trying to get treated there and then on my way to Oakland in EMS. That's, that's all I know, so...
- B: [Inaudible.]
- Q: Okay. Were, and, um, do you have any names or numbers of any witnesses at all?
- A: I have, I have, I can give you a Shop 'N Save number. [Inaudible.]
- Q: Okay.
- A: There's so many of them out there. And I got my kids.
- Q: Okay.
- A: And I got J and J as witnesses.
- Q: That's okay. Um, now...
- A: I just don't have anybody's names.
- B: Yes, you do.
- Q: I think...
- A: Well, okay. Oh...
- Q: W-...
- B: [Inaudible.]
- Q: Were you making a right or a left out of the parking lot?
- B: Uh...
- A: D-, excuse me?
- Q: Were you going to make a left or a right out of the parking lot?
- A: I, let's see, I think, uh, that was going to be a left.
- Q: Okay.
- A: And yes, I, I...
- Q: And that's was onto Route 7?
- A: Yes. And I do have, uh, two witnesses, I'm sorry. He just gave me the paper...

Q:	Okay.

- A: From the people from J and J.
- B: [Inaudible.]
- A: Okay. There is a Chris, a Chris Horne [phonetic]. And he's the head of the body shop down there.
- Q: Uh-huh.
- A: And I have his cell phone number.
- Q: Okay.
- A: It's 304-...
- Q: Uh-huh.
- A: 698-8881.
- Q: Okay.
- A: And the w-, and the fire chief, uh, he's the salesman, Rob Kirk [phonetic]
- Q: Okay.
- A: Uh, his is 304-789-2431.
- Q: 2431?
- A: Yes.
- Q: Okay. And they saw this happen or...
- A: Yes, yeah. They were, the fire chief, they were, the salesman down there at J and J, they were the first ones up there.
- Q: Okay.
- A: Besides the woman that, I don't even know if that women was at the Shop 'N Save or if she was just, uh, you know, somebody there that seen it. Uh, she's...
- Q: Okay.

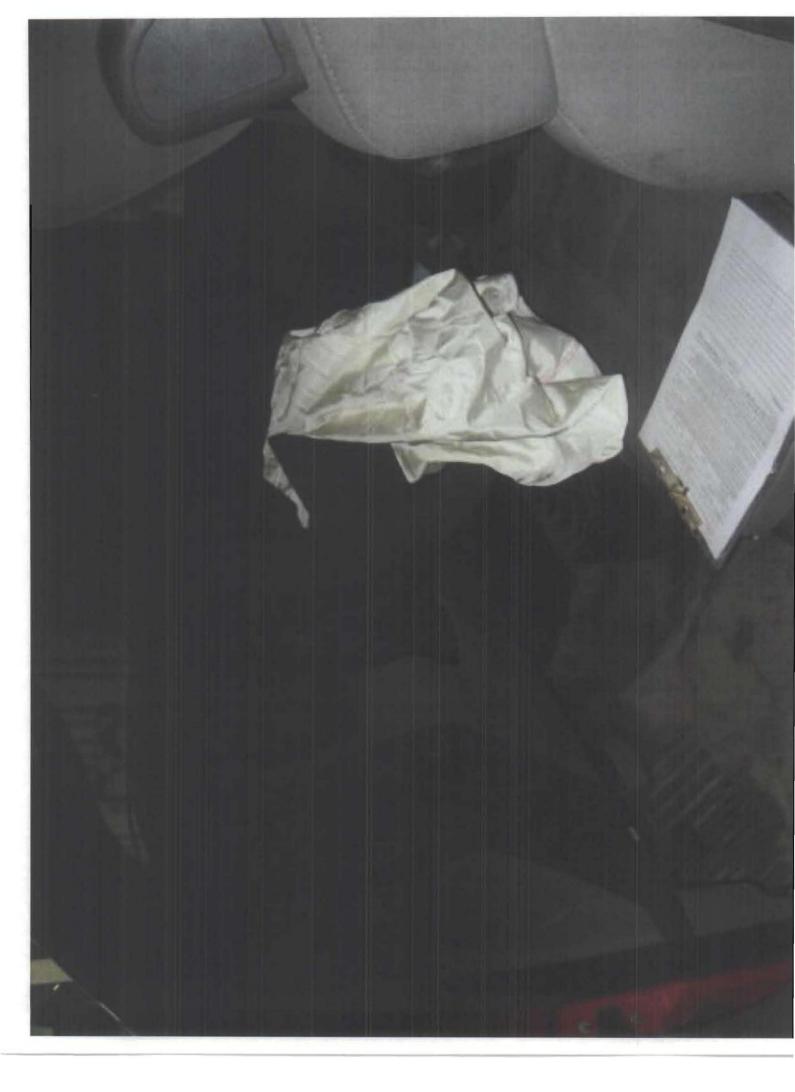
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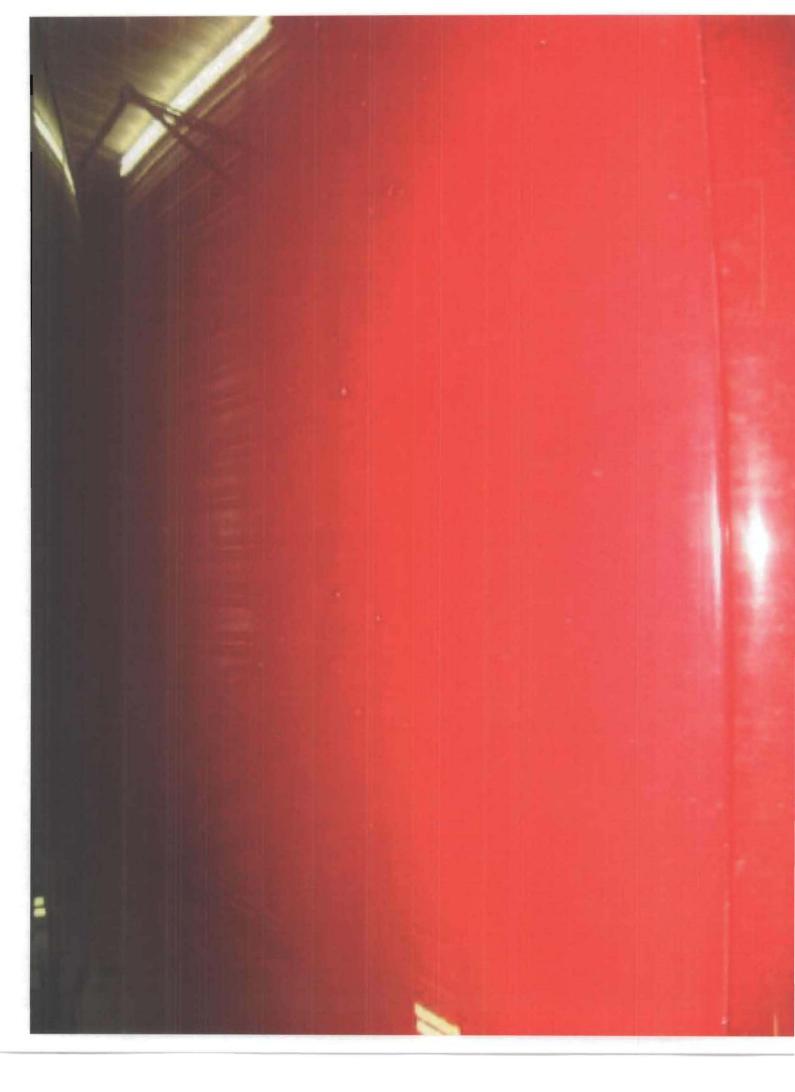
A: The one that called 911. But he was the first one up there from there.

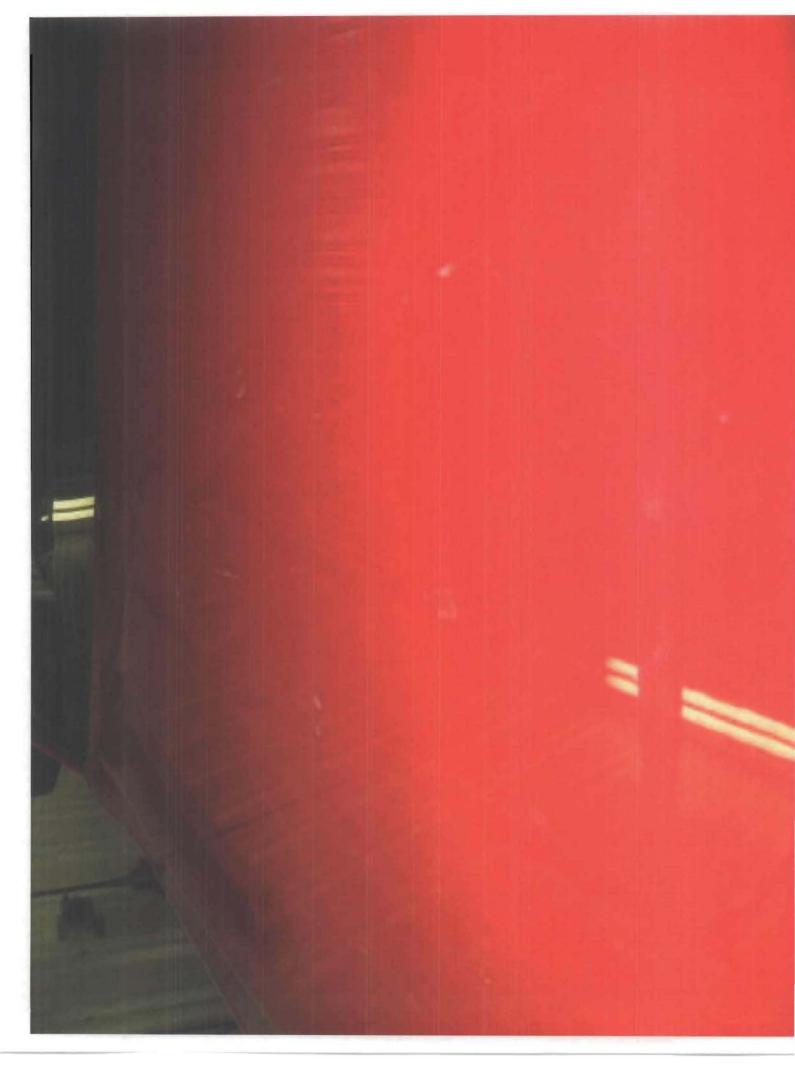
Page 1	2 Claim Number:
Q:	Do you know, um, has the vehicle had any work done? Or do you have any idea w-, what happened in regards to the airbag?
A:	I have, no, I have no, I have no clue. You might found out a little bit more about that with Willis. But the vehicle has been running fine.
Q:	Okay.
A:	He's taking it back and forth to work all of the time.
Q:	It had no recent work done?
A:	No.
Q:	Okay. All right, and, um, uh, is there anything else that you want to add regarding your injuries that you feel is important that we did not go over?
A:	Not that we didn't go over, no, uh-uh.
Q:	Okay. And you do understand that I was recording this with your permission?
A:	Yes.
Q:	And
A:	Yeah.
Q:	Do you acknowledge the information provided is true and correct?
A:	Yes.
Q:	I'm going to stop the tape. The time is 10:26 a.m.
A:	Okay.
Q:	And I, I do
[End o	of Recorded Statement.]

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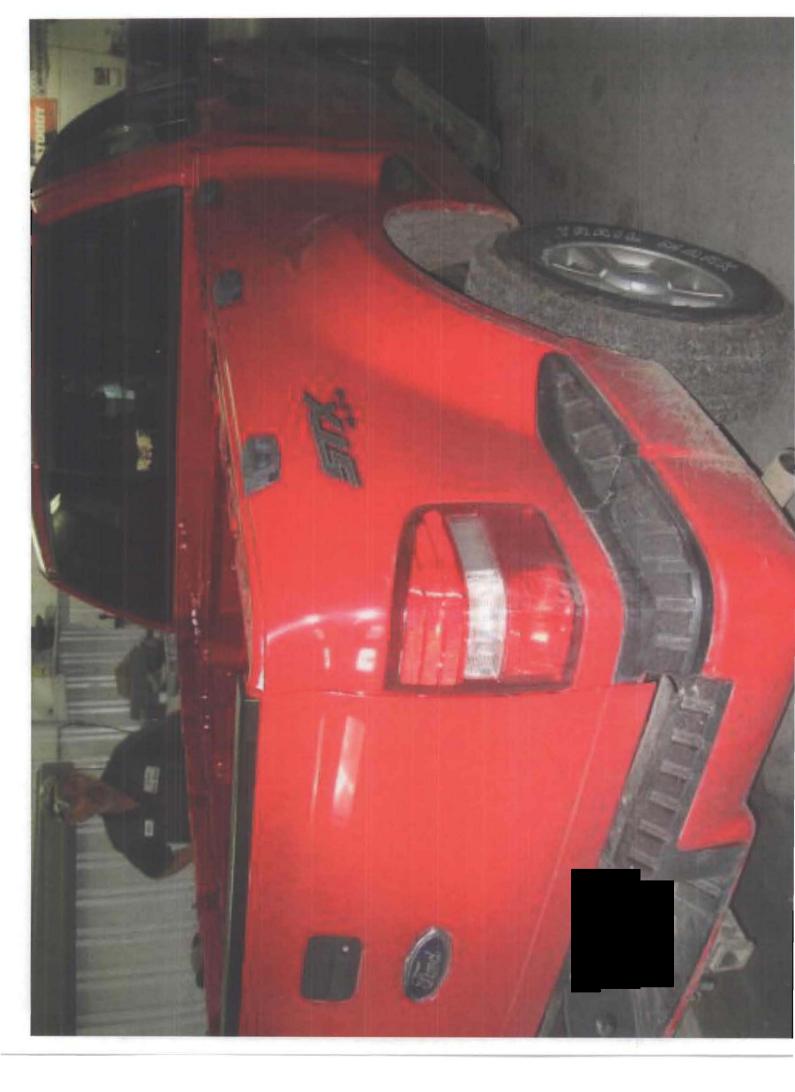


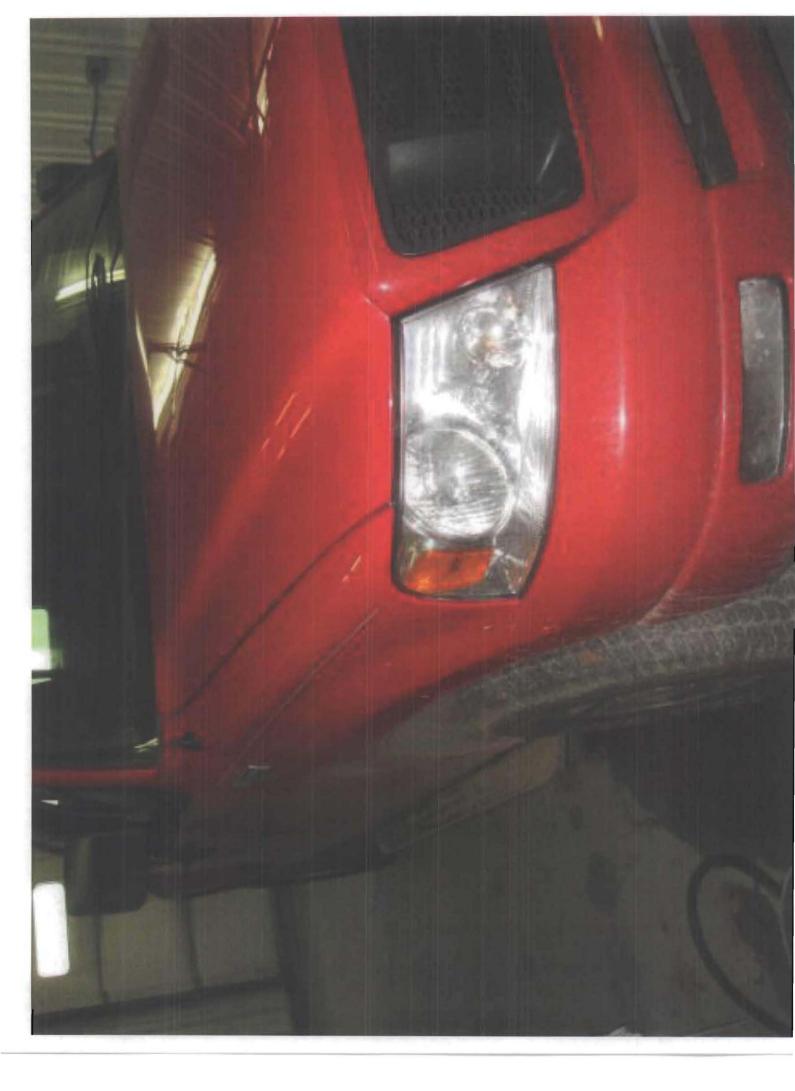


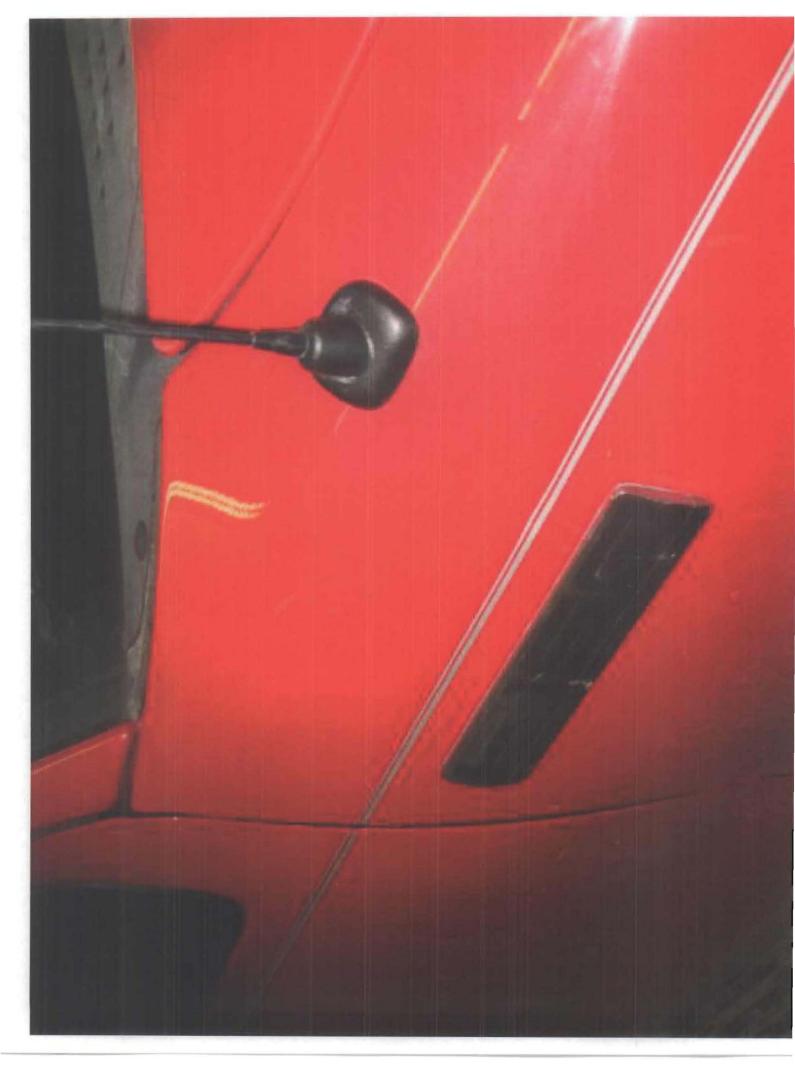










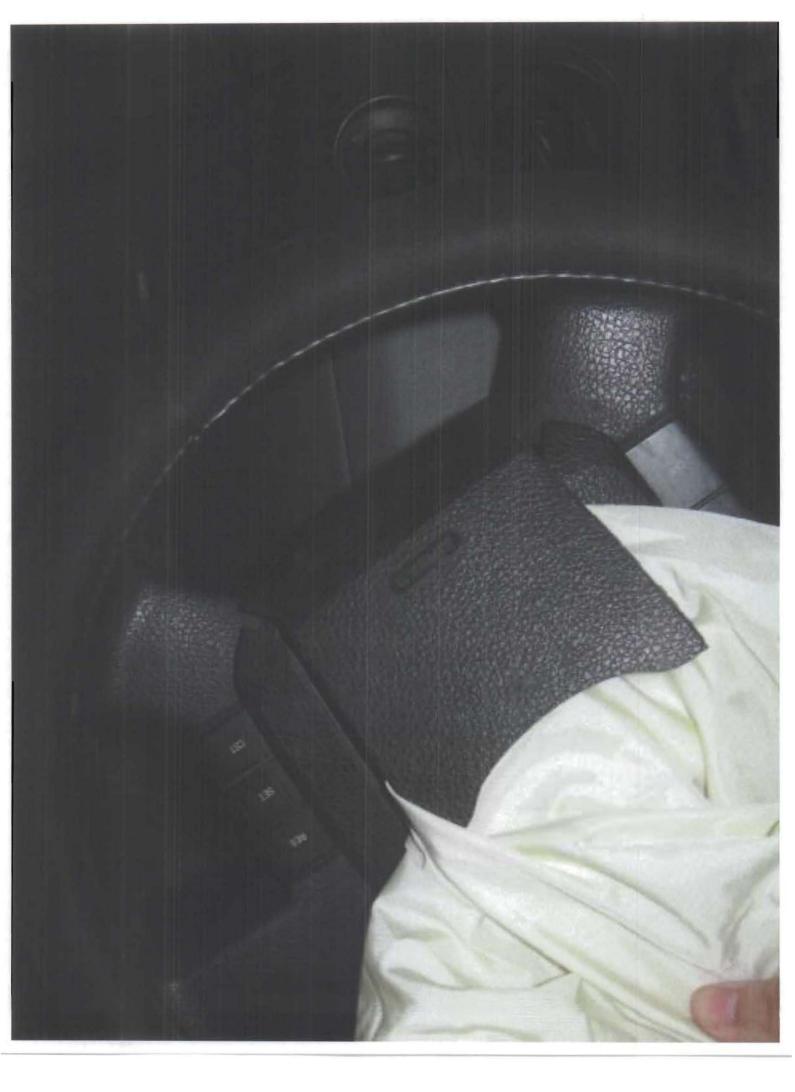






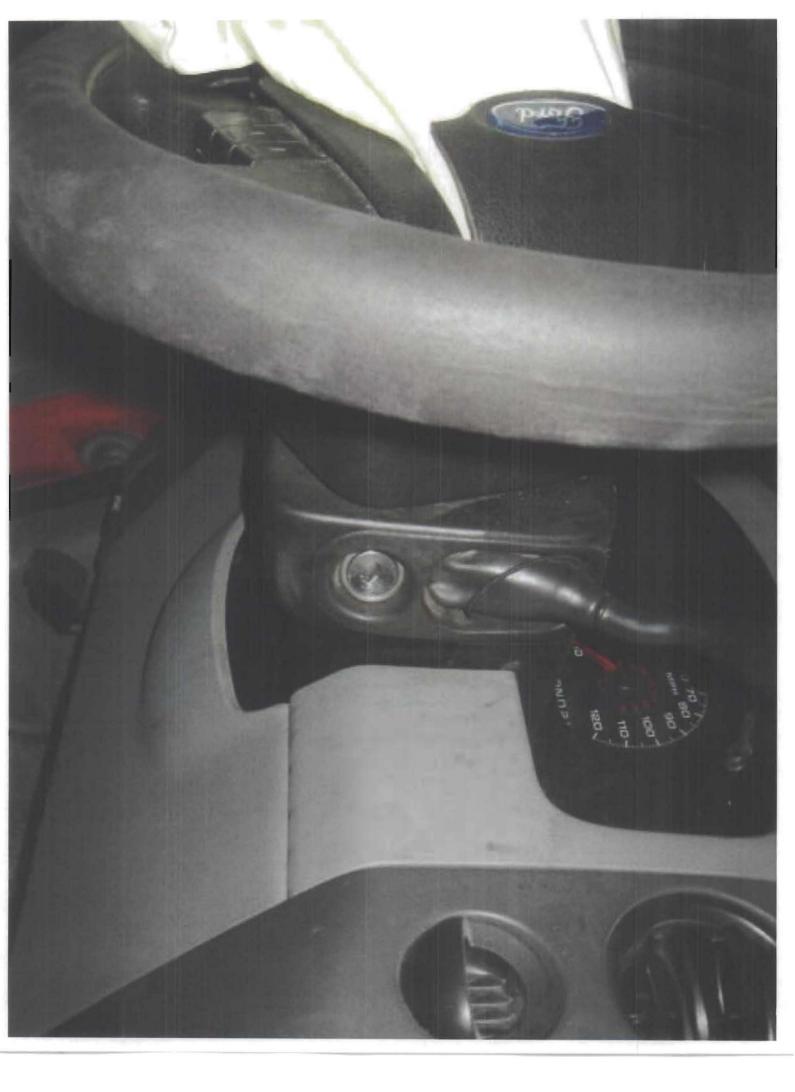




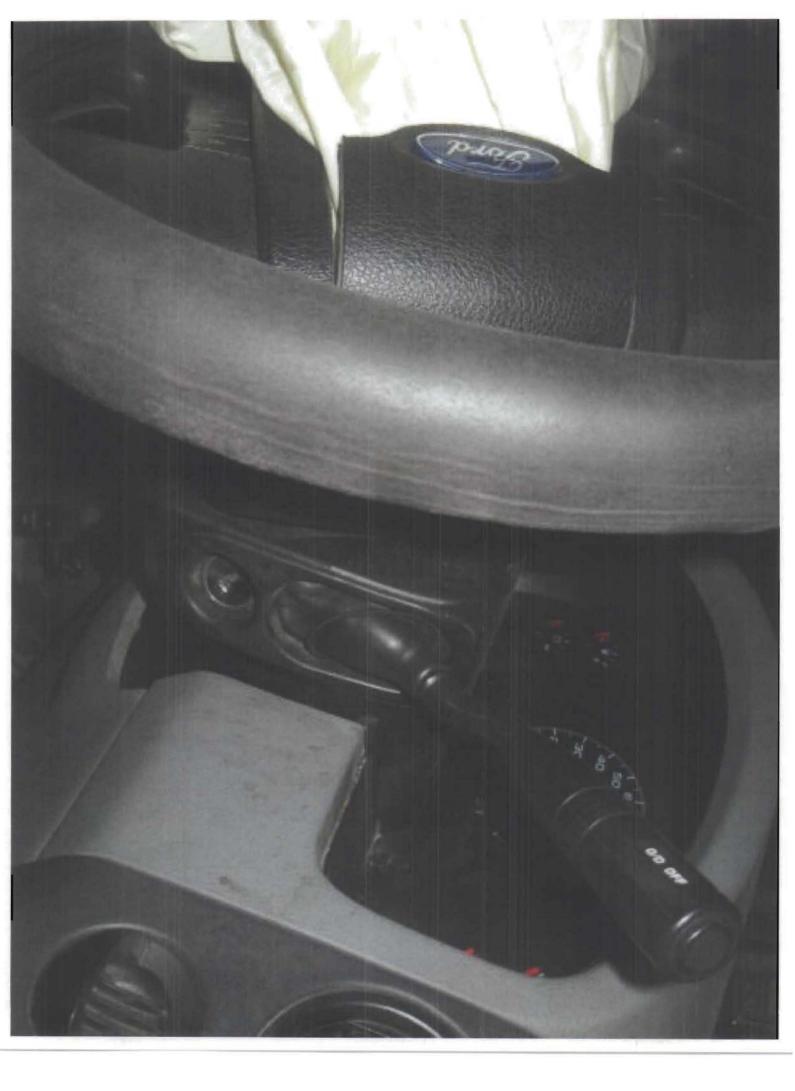








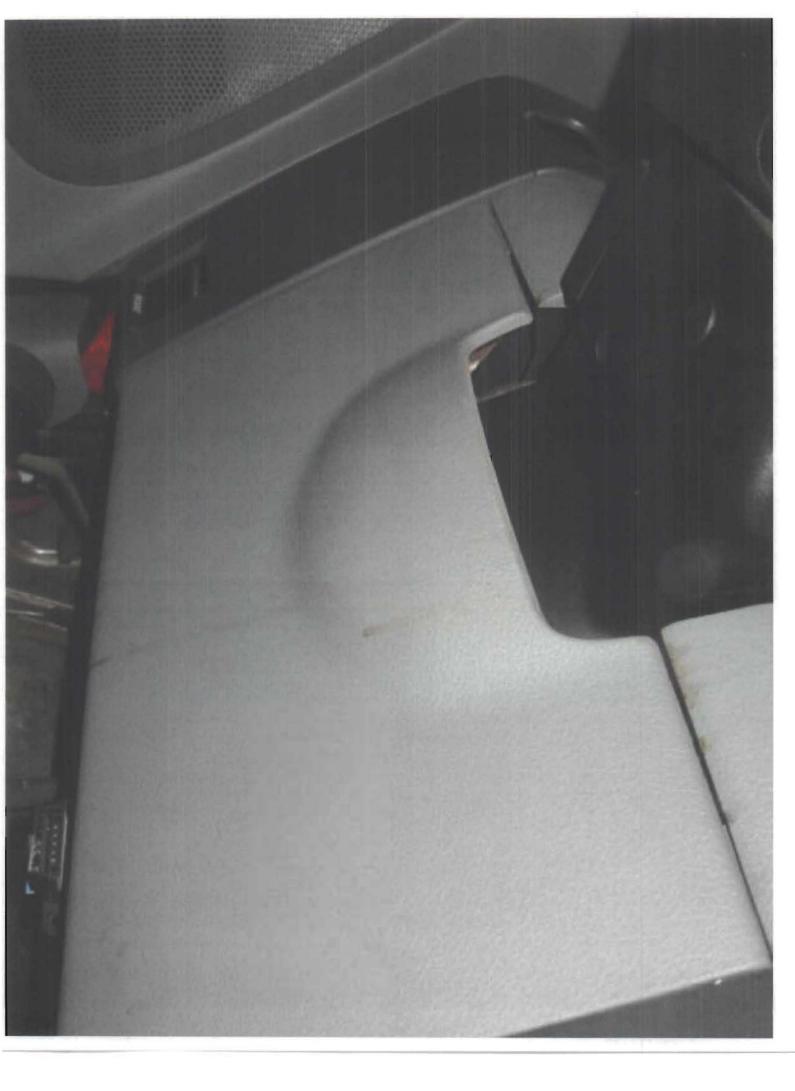
















**BEGINNING OF CONTACT** VOICE OF THE CUSTOMER TRACKING SYSTEM 07/27/2010 07.55.03 OGC ISSUE CASE NBR: 644622070. ZONE: A05 OPENED: REGION: C3 MEMPHIS 2010/07/26 VEH TYPE: 1FTRF12225N ENGINE: Т 2 CLOSED: 2010/07/26 VIN: \_\_\_\_\_\_ LAST NAME: STATUS: CLOSED TITLE: FIRST NAME: MI: MR ADDRESS: ZIP: STATE I A <u>CHURCH POINT</u> CITY: HOME PHONE: MODEL: **F-SERIES** MODEL YEAR: 2005MILEAGE: 2739 DEALER NAME: HUB CITY FORD, INC. SALES CODE: F23271 P & A: 06481 0796 LEGAL - ALLEGED INJURY REASON CODE: SYMPTOMS: 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT CACI38 US CONCERN CASE BASE COMMUNICATION: PHONE ORIGIN: 705 CONTACT ADVANCED TO OGC ACTION: DOCUMENT: ANALYST: LREZIAH REZIAH, LASHANA COLO MOTOR COMPARTY DATE: 2010/07/26 TIME: 17.54.21: ACTION DATA/COMMENTS: CUSTOMER SAID: - CUST IS HAVING PROBLEMS WITH THE VEH - THAT JUL 27 2010 MONDAY THE AIR BAGS LIGHTS CAME ON AND THE LIGHTS STAYED ON THE FOR MINIS - THE COST OF REPAIRS WAS 1,160.00- THE AIR BAGS DEPLOYED ON THE DRIVER SIDE ON 07/20/10-TWO WEEKS AGOTAKEN Constant of The VEH TO THE DLR- THE VEH WAS AT DLR FOR A WEEK - THE CUST IS OUT OF WARRANTY FROM JUST A MONTH- THE DLR PUT BACK THE AIR BAG IN AND TAPE IT UP- THE DLR SUGGEST THE CUST TO CALL FORD MOTOR COMPANY- CUST SAYS IT'S A PRODUCT DEFECT-CUST HAS INJURED ON HIS SHOULDER AND CHEST-CUST WAS AT A FRIEND HOUSE WHEN THIS HAPPEN- CUST DID NOT FILED WITH INSURANCE

ABOVE

07/27/2010 FAXOGC1 CONFIDENTIAL

COMPANY-CUST IS SEEKING FOR REPAIRS ON VEHDEALER SAID: HUB CITY FORD2909 NW EVANGELINE THRUWAYLAFAYETTE LA 70507(337) 233-4500CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A

WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.-ADVISE CUST AS

EA10-001.9 000174LC



August 26, 2010

SEP 9 1 2010

Mr. M. Morris, Legal Analyst-OGC Product Claims Ford Motor Company Product Claims Department P. O. Box 70 Dearborn, Michigan 48121-0070

RE: 2005 F-Series VIN: 1FTRF12225N

Dear Mr. Morris:

This is in response to your letter dated July 27, 2010. Thank you for reviewing this matter and providing me with the opportunity to present further information regarding my supplemental restraint system (air bag) incident. In order to keep this simple I have decided to pursue my claim directly with Ford and wish to provide you with the information which you have requested.

**1.** You requested a copy of the police/fire report. Since there was not an accident, no police/fire reports were made.

2. A copy of my registration is enclosed. The title is unavailable since it is in the possession of the lien holder.

3. A separate sheet of paper providing a complete description of the incident is enclosed.

4. No medical bills or records were made since injuries were minor.

5. Photographs of the steering wheel, indicating the air bag deployment, and left front and right front views of the truck to indicate that no frontal damage or impact was made, are enclosed.

6. A copy of the repair estimate of \$1,166.19 plus tax and an invoice for diagnostic charges of \$97.20 from the local Ford dealer is enclosed indicating the fault of the air bag deployment.

7. You requested a complete service history of the subject vehicle. The only servicing made were oil and filter changes when due. No other servicing or repairs were necessary since I have owned this vehicle.

August 26, 2010 Mr. M. Morris, Legal Analyst-OGC Product Claims Ford Motor Company Page 2

8. You requested a statement from my insurance company. There is no statement available since no claim was filed with my insurance company.

All other information which you have requested will be answered by filling in the blanks provided on your letter of July 27<sup>th</sup> which is also enclosed. The only request I have from Ford is that my supplemental restraint system (air bag) be replaced and the cause of the malfunction be repaired at Ford's expense. I am requesting that this be approved and expedited as soon as possible since I am at a potential risk by driving this vehicle without protection from the supplemental restraint system (air bag) in the event of a vehicular accident.

The Ford dealer has advised me that the supplemental restraint warranty on my vehicle expired on May 31, 2010. Since the unintentional air bag deployment occurred July 13, 2010, less than one and a half months later, and it was the obvious fault of the vehicle and nothing else, I request warranty leniency from Ford in providing assistance in the restoration of the supplemental restraint system for my vehicle.

Thank you again for your participation in this matter and hopefully resolving my concerns as soon as possible.

Sincerely,



Enclosures



August 26, 2010

On Tuesday, July 13, 2010, at approximately 5:30 PM, upon leaving the residence of and completing my visit with friends, Ronnie and Vickie Burgess of 174 Diamond Lane, Sunset, LA 70584, I entered my 2005 Ford F150 (VIN: 1FTRF12225N ). Sitting in the drivers seat, I latched my seat belt then placed the key into the ignition switch. I then turned the key to the on position without starting the engine and, suddenly, the air bag in the steering column exploded. I was hit in the face and chest area which remained sore for the next few days. I experienced hearing problems from the noise of the air bag deployment for the next few days also.





Office of the General Counsel

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

July 27, 2010



Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a fair and timely manner.

If you have turned any portion of this matter over to your insurance company, and should you or 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.

If you intend to pursue a claim directly, we request that you provide us with <u>all</u> the following information by completing and returning this form:

To begin our evaluation, we will need the following documents:

- A copy of the police/fire report.
- A copy of the title and vehicle registration.
- A separate sheet of paper providing a complete description of the incident.
- Medical records for each person alleged injured from all treating physicians/facilities.
- Medical bills for each person alleged injured from all treating physicians/facilities.
- Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
- Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
- A copy of your expert's report and the expert's original photographs.
- Repair estimate, repair order, a total loss worksheet with copies of draft payments.
- Complete service history for vehicle including maintenance items.
- A statement from insurance company indicating there are no pending claims and the reason for the denial.
- Attach a copy of your expert's report and the expert's original photographs

For each person alleged injured provide the following: (If there are additional names Continue on back.)

Full Legal Name: •

Full Legal Name:

	$\chi//A$	N/A
	Address:	Address:
	Spouse's Name:	Spouse's Name:
	DOB:	DOB:
	Soc Security#:	Soc Security#:
		ender:
	Occupation:	Occupation:
	Injury:	Injury:
	Health Insurance Provider: Health	Insurance Provider:
Is the injured party receiving Medicare benefits $N/A$ If so, state the name of the person(s)		
If so, state the name of the person(s)		
1. 2.	What are you seeking from Ford Motor Company in this matter? <u>Restoration of SR5 in vehicle at FORD's expense</u> What is the alleged defect: FORD dealer states "wire chaffed - Shorted out"	
3.	Has the alleged defective part been repaired or replaced? (circle one) Yes or No	
4.	What was the city, state and date of occurrence: SUNSET, LA - JULY 13, 20/0	
5.	What was the mileage at time of occurrence: 26,800	
6.	List all after market additions or modifications that were made to the vehicle:	
7.	None Was the engine running? (circle one) Yes or (No)	
7. 8.	Were the keys in the ignition? (circle one) (Yes) or No	
8. 9.	Was this vehicle purchased new or used: (ISEd	
	If purchased used, provide the date of purchase, mileage at the time of purchase, from whom	
the vehicle was purchased: <u>DATE OF PURCHASE: 1/22/10</u> <u>MULEAGE: 17,197</u> PURCHASED FROM: C&R AUTO BROKERS, 222 St. John Aue., Opelousas, LA 70570		

г г з**же**ч

- 2 -

11. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

My residence - 349 Choppys Rd., Church Point, LA 70525

- 12. Has an insurance company been advised of this incident? Yes No
- 13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

Ford Motor Company is committed to providing you with a fair and timely response, so please note that we need all the information requested above to evaluate this matter. Your concern can not be evaluated until <u>all</u> the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. Should you 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 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,

mm

M. Morris Legal Analyst- OGC Product Claims





BEGINNING OF CONTACT 09/11/2010 VOICE OF THE CUSTOMER TRACKING SYSTEM					07.55.01		
	ORLANDO 12W05N	OGC ISSU ZONE: A ENGINE:		YPE:	C	ASE NBR: OPENED: CLOSED:	328902530. 2010/09/10 2010/09/10
LAST NAME: TITLE: ADDRESS:	T MRS		FIRST NAME:			STATUS: MI:	CLOSED
CITY:	JACKSONVILLE		STATE:	FL	-	ZIP:	
HOME PHONE: MODEL YEAR:	2005 112000		MODEL:	F-	SERIES		
MILEAGE: DEALER NAME REASON CODE SYMPTOMS:	: DUVAL FORD				24081	P & A:	04863
ORIGIN: ACTION: DOCUMENT:	705 - CONTA	CT ADVANC	E BASE COMMI ED TO OGC R TRAGER (K1				
DATE: 2010/09/10 TIME: 09.17.32 : ACTION DATA/COMMENTS:							
C	USTOMER SAID: -ON 9	)/8/10 WAS IN	N A FRIENDS DF	RIVEWA	Y PUT THE KE	FOR: Y	entron Constany - L'Heron Culto Profil
IN THE IGNITION AND THE AIR BAG JUST WENT OFFI GOT BURN ON MY ARMSNO ACCIDENT -NO IMPACT -NOTHING LIKE THATSHOULD NOT				Ý.	132639		
HAVE GONE OFF LIKE THATCALLED THE INSURANCE COMPANY -ALLSTATE -HAVE FULL COVERAGETHEY ARE NOT COVERING IT					*"		
-BECAUSE IT WAS NOT AN ACCIDENTREAD ON LINE ABOUT THIS -WEB SITE -AUTO BLOGMY DLRSHP ISDUVAL FORD 1616 CASSAT							
AVEJACKSONVILLE, FL 32210 TEL:(904) 387-6541REASON CALLING FORD IS TO GET THIS FIXEDALLSTATE CAME OUT THIS MORNING AND							
LOOKED AT IT AND SAID THEY WILL NOT COVER THIS MORNING AND PROBLEMI DID NOT DO ANYTHING WRONG AND THIS SHOULD NOT							
OCCUR-DEALER SAID: -CALLED THE DLRSHP AND THEY SAID TO HAVE ALL STATE LOOK AT IT AND DO NOT MOVE THE VEH -CRC ADVISED: I							
WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE							
WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION							
BEFORE SENDING ISSUE.1203 HERITAGE ESTATES TRCEJACKSONVILLEFLORIDA ZIP CODE:32220							

CONSUMER AFFAIRS

09/11/2010 FAXOGC1 CONFIDENTIAL



BEGINNING OF CONTACT 05/08/2010 VOICE	E OF THE CUST	CUSTOMER TRACKING SYSTEM			
REGION: W1 LOS ANGELES Z	DGC ISSUE ONE: A04 NGINE: W	VEH TYPE:		CASE NBR: OPENED: CLOSED:	1468871270 05/07/2010 05/07/2010
LAST NAME:	FIRS	T NAME:		STATUS: MI:	CLOSED N
TITLE: M&M 16545 SENECA RD	APT 13 STAT	E:	СА	ZIP:	
HOME PHONE: MODEL YEAR: 2005	MOD	EL:	F150 4X4 STYLE	0 4X4 STYLESIDE SUPERCAB	
MILEAGE: 35000 DEALER NAME: SUNLAND FORD LIN		S CODE:	F71437	P & A:	05497
REASON CODE: 0796 LEGAL - ALLEGED INJURY SYMPTOMS: 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT					
ACTION: 705 - CONTACT	ERN CASE BASE ADVANCED TO JREED129 REE	OGC	ATION: PHONE		
DATE: 05/07/2010 TIME: 13.01.49:					

ACTION DATA/COMMENTS:

~

CUSTOMER SAID: -CUST STATES SHE WAS PULLING OUT OF A GAS STA TION NEAR APPLE VALLEY ROAD AND HIGHWAY 18.-WHEN SHE WAS STO PPED AT THE STOP SIGN WAITING FOR TRAFFIC THE PASSENGER AIR BAG EXPLODED SHOCKING HER, THEN HER DRIVERSIDE AIRBAG EXPLOD EDED HITTING HER, AND BURNING HER ARMS ALSO CAUSING THEM TO BLEED.-THIS HAPPENED ON APRIL 20TH, VEH IS STILL AT A LOCAL BODY SHOP WHO CANNOT IDENTIFY WHAT IS HAPPENING.DEALER SAID: -SUNLAND FORD INC.15330 PALMDALE ROADVICTORVILLE CA 92392(7 60) 241-7751CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOT E TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATIO N BEFORE SENDING ISSUE.

CONSUMER AFFAIRS





Dear Mr. & Mrs Recently the Office of the General Counsel of Ford Motor Company was made aware of

your recent contact to our Customer Relations Center in regards to the above vehicle. We thank you for the opportunity to address this concern in a timely manner.

If you have turned any portion of this matter over to your insurance company, and should you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company and/or you contact us in writing to the address noted above notifying us of their intent to pursue subrogation, or your intent to pursue a claim directly.

In order to evaluate this matter, we request that you provide us with <u>all</u> the following information by completing and returning this form:

1. Please provide a copy of each of the following documents and check the box indicating that each item is attached.

A copy of the police/fire report.

- earrow A separate sheet of paper providing a complete description of the incident.
- Medical records for each person alleged injured from all treating physicians/facilities
   Medical bills for each person alleged injured from all treating physicians/facilities.
- Original photographs or laser copies of the vehicle's collision/fire damage from
- Conginal photographs or laser copies of the vehicle's collision/fire damage from several different angles.
- Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
- Repair estimate or repair order

OR

- Total loss worksheet with copies of draft payments
- Complete service history for vehicle including tune ups and oil changes.
- 2. For each person alleged injured provide the following: (If there are additional names continue on back.)

Full Legal Name Angeline M. FERENCE	Full Legal Name:
Acoress F. F. Scheld Rd #13	Address:
Socialses Name <u>Gregory H. Terran</u> a	Spouse's Name:
DOB <u>DHIGH975</u>	DOB:
Soc Security= <u>573-63-0934</u>	Soc Security#:
Gender: Female	Gender:
Occupation: NUISE	Occupation:
Injury: BURN 1 Abrasion to left forearm	Injury:
Health Insurance Provider:	Health Insurance Provider:
Is the injured party receiving Medicare b If so, state the name of the person(	penefits <u>NO</u>
Is the injured party receiving Worker Co If so, state the name of the person (	ompensation benefits <u>NO</u>
Has the injured party received more that benefits prior to the incident <u>NO</u> . If yes, state the name of the person	an 24 months of social security disability
Due to Medicare reporting requirements provide the above requested information. If it is beneficiary, please be aware that pursuant to the Medicare has a statutory right to recover any c respect to your injury. Further, should a settle not enter into any settlement agreement until F interests are protected.	he Medicare Secondary Payer Act (MSP) onditional payments it has made with ment be reached in this claim, Ford will
3. Please specify what you believe is defective	
The electrical wiring relations the airbacy the first the selver of the the alleged defective vehicle/part been used to be the alleged defective vehicle/part been used to be alleged defective vehicle/part been use	ted to the accuracy or ts n repaired or replaced? Yes (NO)
<ol> <li>Please provide the current location of the your insurance company to provide this inf</li> </ol>	
At our home	#13 Victorville CA
6. Has an insurance company been advised of If yes, please provide name, address and p adjuster's name and claim number. Wo	hone number of inducence company and
Adjuster Gina Moore Gor claim # 50 50	Warlesa Insurance company and Warlesa Insurance 50 Friars Re. Suite 100 In Diego CA 92108-5865 800 -427-9669

-

Full Legal Name:

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7. What are you seeking from Ford Motor Company in this matter?

\* Please see attached paper

8. Please provide the date and location (City/State) of the incident?

Please note that we need all the information requested above to evaluate this matter. Your concern will not be evaluated until <u>all</u> the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you 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 inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Should you decide to pursue a claim against Ford Motor Company, please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. 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) at the time of trial.

If you propose to repair the vehicle for continued usage, 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. Nevertheless, you can submit a written request to me, in advance, from Ford Motor Company for a written waiver that Ford Motor Company will forego this inspection. Under all circumstances, Ford Motor Company insists that all components claimed to be defective are maintained and preserved for trial. Inspecting the vehicle does not waive preservation of evidence.

Sincerely,

m. H. lak

M. Hull Product Claims Team Leader

May 26, 2010

This is the answer to your question 7. What we are seeking from Ford in this matter. First and foremost we would like our truck repaired by Ford at Ford's cost. If this can happen we would also like a written guarantee that the repairs made to the truck are such that this cannot and will not ever happen again. If there can be no guarantee then we would like our truck replaced with one that does not have an airbag issue. This means it would have to be a 2007 or newer and be comparable to what we have which is a 4x4, super cab. We have read multiple reports of airbag problems with the F150 years 2004-2006, and that changes were made in the design starting in the 2007 model. We are also requesting monetary compensation in the amount of \$25,000 to include but not limited to the following. Severe pain and suffering since the incident, loss of wages, the continued insurance coverage for a truck we are not able to drive, the continued truck payments on a truck we are not able to drive, storage fees, increased millage, wear and tear to our other vehicles since their increased use.

Mr. & Mrs.

- - -----

May 26, 2010

The following is a complete description of the incident that occurred on April 20<sup>th</sup> 2010 involving our 2005 Ford F150.

I, Angelina, was the driver of the truck in question with no passengers. As the driver I was in the driveway of a gas station waiting to make a right turn into traffic. While waiting for traffic I heard a very loud popping sound that I thought was a gun shot. When I looked to my right I saw that the passenger side airbag in the truck had deployed with no cause smashing the windshield. There was at least a 10 second pause before the diver side airbag then deployed. At that point there was smoke filing the cab of the truck with a strong burning odor, my left arm was burning, bloody and in severe pain. I was afraid that something else was going to blow so I put the truck in park and jumped out. The horn to the truck started continuously going off as I was exiting the truck. At this point I called 911 for help. After I was seen by the fire department and ambulance the truck was moved out of the driveway into a parking space. The truck was then towed to Valley Collision Center where it sat until towed home on Friday May 21, 2010. The truck has not been repaired at this time.



4.20.10



4-20-10









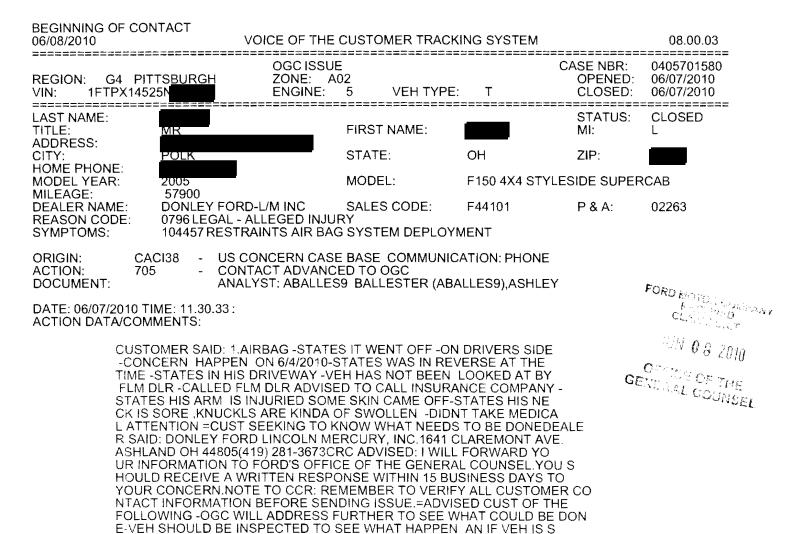








Left arm after 2 weeks, still with open sores.



AFE TO DRIVE

**BEGINNING OF CONTACT** VOICE OF THE CUSTOMER TRACKING SYSTEM 09/23/2010 07.55.24 OGC ISSUE CASE NBR: 349842650. ENGINE: 14 OPENED: 2010/09/22 S4 MIAMI **REGION:** 1FTRF14WX5N W VEH TYPE: Т CLOSED: 2010/09/22 VIN: \_\_\_\_\_ ================ -----\_\_\_\_\_ STATUS: CLOSED LAST NAME: FIRST NAME: TITLE: MS MI: ADDRESS: CITY: CLEWISTON STATE: FL ZIP: HOME PHONE 8639837496 MODEL: 2005 **F-SERIES** 100000 MILEAGE: DEALER NAME: LANGFORD FORD INC SALES CODE: F24475 P & A: 04824 0794 LEGAL - ALLEGED SRS MALFUNCTION **REASON CODE:** 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT SYMPTOMS: **ORIGIN:** CACI38 US CONCERN CASE BASE COMMUNICATION: PHONE CONTACT ADVANCED TO OGC ACTION: 705 .... DOCUMENT: ANALYST: SMILL240 MILLER . SUSAN FORD MOTOR COMPANY DATE: 2010/09/22 TIME: 09.43.03: ACTION DATA/COMMENTS: PECEIVED CLAIMS UNIT CUSTOMER SAID: -VEH WAS NOT MOVING -HAD VEH IN NEW TIRES PUT SEP 2 3 2010 ON -VEH AT CLEWISTON TIRE -WHEN THE GUY GOT INTO VEH TO GET ODOM READING-PUT KEY IN IGNITION, TURNED KEY ON AND SHUT THE DOOR-AIRBAG EXPLODED IN FACE-CUST CONTACTED INSURANCE OFFICE OF THE GENERAL COUNSEL THEY ADV FOR CUST TO CALL USDEALER SAID: LANGFORD FORD INC 851 SOUTH MAIN STREETLA BELLE, FL 33935 TEL:(863) 675-1686CRC

ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF

RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN. NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN

CONSUMER AFFAIRS

09/23/2010 FAXOGC1 CONFIDENTIAL



Office of the General Counsel

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

September 23, 2010

CLEWI	STON, FL
RE:	2005 F-SERIES
VIN:	1FTRF14WX5N

Dear Ms.

closed

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a fair and timely manner.

If you have turned any portion of this matter over to your insurance company, and should you or 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.

If you intend to pursue a claim directly, we request that you provide us with <u>all</u> the following information by completing and returning this form:

To begin our evaluation, we will need the following documents:

- A copy of the police/fire report.
- A copy of the title and vehicle registration.
- A separate sheet of paper providing a complete description of the incident.
- • Medical records for each person alleged injured from all treating physicians/facilities.
- Medical bills for each person alleged injured from all treating physicians/facilities.
- "Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
- ~ Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
- A copy of your expert's report and the expert's original photographs.
- Repair estimate, repair order, a total loss worksheet with copies of draft payments.
- v Complete service history for vehicle including maintenance items.
- A statement from insurance company indicating there are no pending claims and the reason for the denial.

For each person alleged injured provide the following: (If there are additional names Continue on back.)



	-Address:	Address:				
	Spouse's Name: <u>N/A</u>	Spouse's Name:				
<b>e</b> 6	DOB: This is personal info. that you Soc Security#: can obtain by contacting Arsenio @ Bu3-983-5200	DOB:				
81	Soc Security#: can obtain by contacting	Soc Security#:				
2	Gender: Male Gen	nder:				
6 4	Occupation: Monager of tire soles	Occupation:				
st a	Injury: burn/bruise to chest i neck	Injury:				
Use refer	Health Insurance Provider: Health	Insurance Provider:				
Case refer to page the nclosed to page	Is the injured party receiving Medicare benefit If so, state the name of the person(s)					
	Is the injured party receiving Worker Compensation benefits If so, state the name of the person(s)					
	Has the injured party received more than 24 months of social security disability benefits prior to the incident					
the above aware that recover an settlement	requested information. If it is determined t pursuant to the Medicare Secondary Paye y conditional payments it has made with re	er into any settlement agreement until Ford				
1.	What are you seeking from Ford Motor Con <u>Please refer to pg. 31 of H</u>	npany in this matter?				
2.	What is the alleged defect: please refer	to pg. Bof the enclosed document. letter at				
3.	Has the alleged defective part been repaired	to pg. 9 of the enclosed document. or replaced? (circle one) Yes or (No) -7 This letter not ence: (lewiston, Florida. (9/22/10) Suggesting it unt				
4.		or replaced? (circle one) Yes or (No) -/ Integests to ence: <u>Clewiston, Fiorida. (9/22/10)</u> Suggest unt : <u>~114,771</u> repaired unt repaired no s				
5.	What was the mileage at time of occurrence: $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$					
6.	List all after market additions or modificatio	ons that were made to the vehicle:				
	there is a grill guard on the front of the vehicle and a tool box in the bed. Was the engine running? (circle one) (Yes) or No					
months of purchasing the 8.	Were the keys in the ignition? (circle one) Ves or No					
vehicle-Severaly.	Was this vehicle purchased new or used:	NEW				
Vears ago 10	. If purchased used, provide the date of purch	ase, mileage at the time of purchase, from whom				
	the vehicle was purchased:/	A				

11. Please provide the current location of the vehicle (you may need to contact your insurance

company to provide this information).

- 12. Has an insurance company been advised of this incident? (Yes) No
- 13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number. Adjuster: Tom Sutterfield Claim #: Tom Sutterfield

Clewiston, FL

this

Insurance >>

company-14. Please provide the names and contact information of any witnesses to the incident? There were SEVERAL employees standing ground the vehicle when

happened, as evident by the footage. Contact info. The second sec

Once we are in receipt of all the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. Should you 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 inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted. If your vehicle is accruing storage charges, you should immediately make arrangements to move it to a facility that will not charge you for storage.

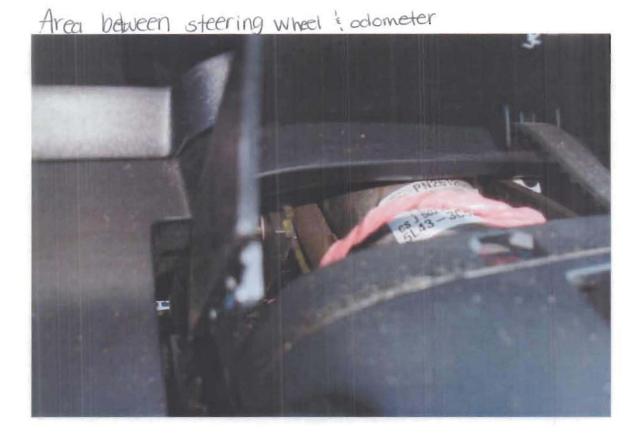
Please be advised that in the event this matter ends up in litigation, Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s). If you propose to repair the vehicle 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,

m.m

Marquis Morris Legal Analyst- OGC Product Claims



right side of steering wheel









# Left : Right sides





BEGINNING OF COI 11/18/2010			CUSTOMER TRACK	ING SYSTEM		07.55.22
REGION: W2 SA VIN: 1FTPW125		OGC ISSUE ZONE: AC ENGINE:		: Т	CASE NBR: OPENED: CLOSED:	657663210. 2010/11/17 2010/11/17
LAST NAME: TITLE: ADDRESS:	MR		FIRST NAME:		STATUS: MI:	CLOSED
CITY: HOME PHONE:	SAN LORENZO		STATE: MODEL:		ZIP:	
MODEL YEAR: MILEAGE: DEALER NAME:	2004 78000 THE FORD STOR		SALES CODE:	F-SERIES F72018	P & A:	03928
REASON CODE: 0796 LEGAL - ALLEGED INJURY SYMPTOMS: 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT						
ORIGIN: CA ACTION: 705 DOCUMENT:	5 - CONTA	CT ADVANCE	EBASE COMMUNIC ED TO OGC Z BUBLITZ (RBUBL			
DATE: 2010/11/17 TIME: 18.16.05 :						

ACTION DATA/COMMENTS:

CUSTOMER SAID: 1. DATE OF THE ACCIDENT - 11/17/10 ABOUT 45 MINUTES AGO.2. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT - AIRBAG DEPLOYED FOR NO REASON. - CUSTOMER WAS JUST SITTING IN VEHICLE AT GAS STATION. - VEHICLE WAS NOT IN MOTION.3. IF THERE WERE ANY INJURIES SUSTAINED - FACE AND NECK HURT AND SORE. - CHEST AND LEFT ARM AND AROUND LEFT WRIST HURTING, - CUSTOMER HAS NOT YET SOUGHT MEDICAL ATTENTION.4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED - AMPM GAS STATION ON HESPERIAN BLVD, UNKNOWN CROSS STREET.5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED. - NO6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE. - NA7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED. - NA8. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY. - CUSTOMER CALLED INSURANCE COMPANY WHO SAID IT WAS NOT AN INSURANCE ISSUE AND CUSTOMER SHOULD CALL DEALERSHIP. - DEALERSHIP TOLD CUSTOMER TO CALL CRC.9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM. - NA10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE. - YES11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE). - NA12. WHAT THE CUSTOMER IS SEEKING - SEEKING FORD TO PAY MEDICAL BILLS AND COMPENSATION DEALER SAID: - THE FORD STORE SAN LEANDRO1111 MARINA BLVD.SAN LEANDRO CA 94577(510) 352-2000 -CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

**CONSUMER AFFAIRS** 

11/18/2010 FAXOGC1 CONFIDENTIAL