

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

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

[REDACTED]

Plaintiff,

v.

Civil Action No. [REDACTED]
[REDACTED]

City of Colorado Springs, Pikes Peak
Rural Transportation Authority, Colorado
Department of Transportation, Ford Motor
Motor Company, and Avis Budget Car
Rental LLC, a subsidiary of
Avis Budget Car Rental, a Delaware
Corporation and Does 1 and 2,

Defendants.

**FIRST AMENDED COMPLAINT FOR DAMAGES FOR PERSONAL INJURIES
WITH DEMAND FOR JURY TRIAL**

COMES NOW the Plaintiff, [REDACTED] by and through her counsel
of record, CIMINO & BENHAM, LLC, and for her Complaint against the
defendants, states and alleges as follows:

PARTIES, JURISDICTION AND VENUE

1. This is an action to recover damages for personal injuries to
plaintiff, [REDACTED] arising out of an automobile accident that occurred on
March 21, 2008 in the city of Colorado Springs, El Paso County, State of
Colorado.

2. Jurisdiction is based on diversity of citizenship arising under 28
U.S.C. §1332.

3. Plaintiff is a citizen of the United States, and at all times relevant hereto, was domiciled in and a citizen of the State of Texas.

4. Defendant Ford Motor Company is a foreign corporation and can be served with process through its registered agent, The Corporation Company, 1675 Broadway, Denver, Colorado 80202.

5. Defendant Avis Budget Car Rental LLC is a subsidiary of Avis Budget Car Rental, a foreign Delaware corporation and upon information and belief can be served with process through its registered agent, The Corporation Company, 1675 Broadway, Denver, Colorado 80202.

6. Upon information and belief, Defendant City of Colorado Springs was, at all times relevant to these proceedings, a municipality operating in the state of Colorado and City of Colorado Springs.

7. Upon information and belief, at the time of the accident, Pikes Peak Rural Transportation Authority was a corporation located and operating at 15 S. 7th Street in Colorado Springs, Colorado.

8. Upon information and belief, Colorado Department of Transportation was an entity operating in the State of Colorado with a principal place of business located at 4201 E. Arkansas Avenue, Denver, Colorado 80222.

9. The amount in controversy, exclusive of interest and costs, exceeds \$75,000.00.

10. This Court has personal and subject matter jurisdiction over each of the parties.

11. Venue is proper under 28 U.S.C. §1391(b), in that the Plaintiff was injured in the District of Colorado.

FACTUAL ALLEGATIONS

12. On March 21, 2008, the plaintiff was lawfully operating a 2008 Ford Fusion (hereinafter "Fusion" or "vehicle".)

13. This vehicle was rented by plaintiff from defendant Avis Budget Car Rental LLC, which has an office at 1560 Broadway, Suite 2090, Denver, Colorado 80202 (hereinafter referred to as defendant "Avis").

14. Defendant Avis was a subsidiary of Defendant Avis Rental Company, incorporated in Delaware.

15. Defendant Avis was responsible for maintaining its rental car fleet, including the vehicle driven by plaintiff.

16. On or about March 21, 2008 at approximately 3:30 p.m., Plaintiff was traveling lawfully proceeding westbound on E. Platte Avenue in Colorado Springs in a 2008 Ford Fusion that she had rented from defendant Avis Rental Company.

17. At all times relevant, Ford was a foreign corporation in the business of designing, manufacturing, distributing and selling automobiles, including the 2008 Ford Fusion at issue in this lawsuit.

18. The 2008 Ford Fusion involved in this lawsuit, was expected to and in fact did reach plaintiff without substantial change in its condition.

19. At the time the 2008 Ford Fusion was delivered to the plaintiff through Avis, its brakes were defectively designed so as to be inherently and unreasonably dangerous to persons like plaintiff.

20. At all times relevant, defendant Ford was a "manufacturer" of the 2008 Ford Fusion in question, as that term is defined and/or described in the Colorado Product Liability Act.

21. At the time the 2008 Ford Fusion was sold, defendant Ford was engaging in the business of selling such products.

22. At the time the 2008 Ford Fusion was sold, the Ford was expected to and in fact did reach the consumer, plaintiff Aragon, without substantial change in the condition in which defendant Ford sold it.

23. At the time the 2008 Ford Fusion reached the consumer and plaintiff, it was defectively designed so as to be inherently and unreasonably dangerous to persons like the plaintiff.

24. While plaintiff was lawfully operating the vehicle over an overpass (hereinafter "bridge") in the City of Colorado Springs, Colorado 119.1 feet west of 5400 East Platte Avenue at light pole #R8564, the brakes of the vehicle failed.

25. Plaintiff's rental vehicle crossed into the right through lane, then into the left crossing lane.

26. The plaintiff's vehicle hit the guardrail on the south side of the bridge, which gave way, and plummeted to the sandy creek below, landing approximately 20 feet from the bridge, striking the ground upside down.

27. The vehicle that defendant Avis Rental Company rented to plaintiff had mechanical problems with the brakes, which resulted in plaintiff losing control of the rental vehicle.

FIRST CLAIM FOR RELIEF
(Negligence against all Defendants)

28. Plaintiff incorporates herein by this reference the allegations set forth with specificity in the foregoing paragraphs as if fully set forth herein.

29. The 2008 Ford Fusion that the defendant rented to plaintiff had been negligently and improperly maintained, serviced and/or had unsafe equipment or was otherwise in an unsafe condition as a consequence of the acts or failure to act of Avis, its agents, or employees.

30. Defendant, the City of Colorado Springs, had notice of structural and maintenance problems with the bridge and guardrails and negligently failed to maintain or fix those problems, which caused plaintiff's rental car to crash through the guardrail and strike the bottom of the sandy creek below the bridge.

31. The City of Colorado Springs is jointly and severally liable for plaintiff's injuries because it knew of a dangerous bridge condition which affected the movement of traffic and negligently failed to correct those problems or reasonably maintain the bridge and guardrails where the accident occurred.

32. Defendant Peak Rural Transportation Authority, as assigned and authorized by the City of Colorado to maintain the bridge and guardrail, negligently failed to repair the defects or maintain the guard rail which failed and which proximately caused the plaintiff's accident and subsequent injuries.

33. The Colorado Department of Transportation designed and/or constructed the bridge and guardrails that are the subject of this lawsuit and may also have had responsibility to maintain said bridge but negligently failed to do so.

34. Defendants Does 1-2, who are believed to be responsible for the repair and maintenance of the bridge and/or all vehicles owned and operated by defendant Avis Rental Company and are unknown at this time, but will be revealed to the plaintiff by Avis Rental Company during discovery may also be liable to the plaintiff.

35. Upon information and belief, said Doe defendants negligently failed to maintain the 2008 Ford Fusion and/or the bridge and thereby proximately caused plaintiff's injuries.

36. The aforementioned conduct of all defendants was careless and negligent.

37. The defendants' conduct was a legal cause of the damages sustained by the Plaintiff.

SECOND CLAIM FOR RELIEF
(Strict Products Liability against Defendant Ford Motor Company)

38. Plaintiff incorporates the allegations contained in Paragraphs 1-37 above as if fully stated herein.

39. At the time the 2008 Ford Fusion left defendant Ford's control, it was defective and unreasonably dangerous to a person who might reasonably be expected to use it such as plaintiff.

40. Plaintiff was a person who reasonably would be expected to use the Fusion and did use the Fusion.

41. The defective and unreasonably dangerous condition of the Fusion was a cause of plaintiff's injuries and damages.

42. Ford is strictly liable to plaintiff for injuries and damages caused by defects and inadequacies in the design and manufacture of the Fusion.

43. Ford negligently designed, tested, approved, manufactured, marketed, distributed, and sold the Fusion and its components in that it failed to exercise reasonable care to prevent the Fusion and its components from creating an unreasonable risk of harm to a person who might reasonably be expected to use it in an expected or reasonably foreseeable manner.

44. Ford was aware or should have been aware of the 2008 Ford Fusion's inadequate or defective brakes and failed to take reasonable measures to correct this danger, despite its knowledge of measures that could be taken to make the vehicle safer without substantial impairment to its usefulness.

45. Ford's testing of the Fusion and its components were inadequate.

46. Ford breached its duty to design and manufacture the Fusion so that it could be driven in a foreseeable manner.

47. Ford breached its duty to design and manufacture the Fusion to provide reasonable protection to occupants in rollover accidents.

48. Ford acted unreasonably in designing, manufacturing, and marketing a vehicle that presented a substantial and unreasonable risk of injury or death to vehicle occupants, including plaintiff.

49. As a direct and proximate cause of defendant Ford's negligent conduct, as hereinabove described, plaintiff has suffered economic and non-economic injuries and damages.

THIRD CLAIM FOR RELIEF
(Negligence – Defendant Budget)

50. Plaintiff incorporates by reference Paragraphs 1-49 above as if fully restated herein.

51. At all times relevant to this action, Defendant Budget had a duty to maintain its rental vehicles, and warn its customers of known dangers of the Fusion, including the plaintiff.

52. At all times relevant to this action, Defendant Budget had a duty to ensure that they took reasonable actions to avoid injury to their customers, such as Plaintiff.

53. Defendant Budget had a duty to ensure that their rental products were equipped with adequate brakes or other necessary safety features to ensure that their customers were not injured by the use of such equipment.

54. Defendant Budget knew, or in the exercise of reasonable care, should have known, that the Fusion's brakes were defective, not maintained and/or not equipped with the safety modifications to protect users of its rental vehicles, including plaintiff.

55. It was foreseeable that the Fusion would seriously injure a foreseeable user of the product, and failed to adequately warn the Plaintiff thereof.

56. As a direct and proximate cause of the negligence of Defendant Budget and its employees in failing to inspect and maintain its vehicles in a safe manner, including the one leased to Plaintiff which is the subject of this action, Plaintiff suffered serious, permanent damages as alleged in this Complaint.

CAUSATION AND DAMAGES

57. Plaintiff incorporates the allegations contained in Paragraphs 1-56 above as if fully stated herein.

58. As a direct and proximate result of the acts or failures to act of all defendants as stated hereinabove, plaintiff has incurred the following general and special damages:

- a. Pain and suffering and emotional distress, past and future;
- b. Reasonable and necessary medical, hospital, and rehabilitation care and services, nursing care and services, medication, therapy, and other expenses, past and future, which currently approach \$100,000;
- c. Inconvenience;
- d. Impairment of the quality of life;
- e. Loss of earnings, past and future;
- f. Impairment of future earning capacity;
- g. Physical impairment;
- h. Disfigurement;
- i. Any other losses and damages sustained by plaintiff to which she is legally entitled including all costs, fees, and prejudgment interest permitted and provided by law.

WHEREFORE, plaintiff respectfully requests that judgment be entered in favor of her and against the defendants, jointly and severally, in an amount which will fully compensate her for the damages she has sustained, interest to the fullest extent allowed by law from the date of injury, court costs, and for such other and further relief as the Court deems just and proper.

PLAINTIFF DEMANDS A TRIAL BY JURY

DATED this 2nd day of April, 2010.

CIMINO & BENHAM, LLC

Original Signature on file

/s/ John Cimino

John A. Cimino

Attorney Reg. No. 14032

925 East 17th Avenue, Second Floor

Denver, Colorado 80218

Phone: 303-830-7274

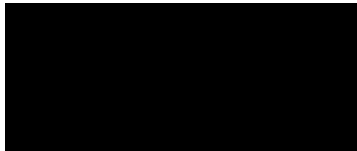
Fax: 303-830-0255

Email: johncimino2003@aol.com

Attorney for Jolene Aragon

Plaintiff's address:

San Antonio, TX 7



IMPORTANT - DO NOT PERFORM REPAIRS UNTIL AUTHORIZED!**Dealer/Fleet Request For OGC Review*******Note: this form is for Retail and Fleet vehicles*****

Pursuant to the W&P Manual, the service manager is required to complete a Dealer/Fleet Request for OGC Review form if he/she suspects legal action such as, alleged accidents or fires, may be taken. This form includes customer and vehicle information as well as a description of the allegations.

Note: All fields are required and must be filled in accordingly before submitting this form

NOTE: You also have the option of printing this form and then faxing the fully completed form to 313-845-5668 or 313-845-5555

DEALER INFORMATION

Dealership/Fleet Name:

Bill Brown Ford Inc

Requesting Dealer/Fleet:

Bill Brown Ford

P&A Code:

03003

Contact Person:

John Houle

Title:

SERVICE MANAGER

Phone Number:

734-524-2740

Fax Number:

734-421-7288

Email Address:

Jhoule@BillBrownFord.com

Region:

GREAT LAKER

Address:

3222 PLYMOUTH Rd.

City:

LIVONIA

State:

MI

Zip Code:

48150

CUSTOMER/VEHICLE INFORMATION

WSD:

OCT. 22, 2008

Vehicle Year:

Select Vehicle Year 2009

Vehicle Model:

FUSION

Vehicle VIN:

3HAHP07219R

Mileage:

59,967

Customer/Fleet Name:

Street Address:

City:

WESTLAND

State:

MI

Zip Code:

[REDACTED]

Home Phone:

[REDACTED]

Work Phone:

Region:

GREAT LAKES

DETAILS OF INCIDENT

*****Note: DO NOT PUT THE VEHICLE IN STORAGE OR PROVIDE LOANERS WITHOUT THE APPROVAL OF THE OFFICE OF THE GENERAL COUNSEL*****

*****NOTE: SEND AUTHORIZATION REQUEST TO FORDCALP@FORD.COM*****

Incident Involves:

☒ Accident ☐ Fire ☐ Injury ☐ Medical Attention Sought

Date of Incident:

OCT 3 2011

County in which incident occurred:

WAYNE

Is customer alleging a component defect CAUSED the incident?

☒ Yes ☐ No

If yes, what type & details:

If no, refer to Escalated Concern
Handling section of the Customer
Handling Roadmap

ALLEGING BRAKE FAILURE
WHILE SON WAS
DRIVING

Was a police report filed?

☒ Yes ☐ No

If yes, where:

LIVONIA MI

Has the insurance company been contacted?

☒ Yes ☐ No

VEHICLE IS A TOTAL LOSS

What did the insurance company advise?

Name and phone number of owner's
insurance company & agent's name:

FRED BEYDOUN
734-261-1000 ALLSTATE

If the vehicle is a conversion unit, who
is the coach builder?

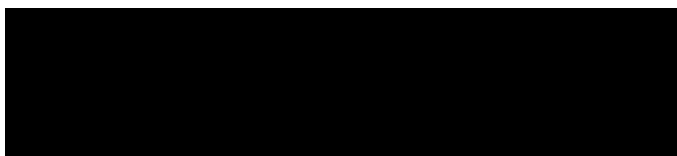
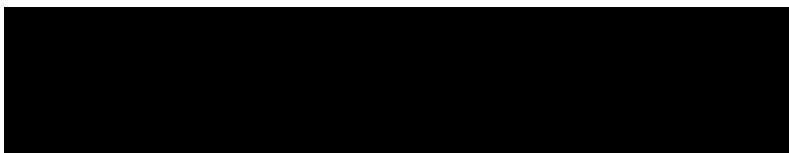
NO

City:

State:

[REDACTED]

Zip Code:**Vehicle Location:****Attorney Information (if applicable):****CVO Contact (if applicable - Fleet Only):****RESOLUTION THAT CUSTOMER IS SEEKING:****COMMENTS:****Submit Request**





5/18/07

AC

Claims Department

3939 Belt Line Road, Suite 650, Addison, Texas 75001
972.488.8535 • Fax: 972.488.8920 • www.phly.com

May 15, 2007



Ford Motor Company
Attn: Andrew Chabot
Office of General Counsel
Park Lane Towers West, #300
3 Park Lane Blvd.
Dearborn, Michigan 48126

RE: Our Insured: Marita Car Rental Inc. dba Budget Rent a Car
 Date of Accident: March 31, 2007
 Our Claim Number: [REDACTED]
 Vehicle: 2007 Ford Fusion
 Vin.# 3FAHP08137R [REDACTED]
 Color: Gray

Dear Mr. Chabot:

This letter follows my telephone conversation with you on May 15, 2007 with regard to a brake allegation on the above mentioned vehicle. Philadelphia Indemnity Insurance provides a business auto policy for liability coverage concerning the Budget vehicles on this policy and we are conducting an investigation into a brake allegation on this vehicle. I enclose a copy of the police report, rental agreement and attorney letter for your review. We are hiring an engineer to inspect the brakes on this vehicle and request that Ford and the plaintiff attorney conduct their inspections at the same time as our engineer to minimize delays and possible tampering or alterations of this vehicle. Please call me if Ford wishes to inspect this vehicle, so I can assist you with those arrangements.

If you have any questions regarding this, or need any additional information, please feel free to contact me at 1-866-765-0012, 7:30 to 4:00 P.M. Central time.

Respectfully,

PHILADELPHIA INSURANCE COMPANIES



Toni Washkowiak
Sr. Claims Examiner

cc. Maria Bonati, Claims Administrator
Budget Rent a Car of Buffalo
39999 Genesee Street
Buffalo, New York 14225-1977

Marita Car Rentals, Inc.
Budget Rent a Car of Buffalo
4565 Genesee Street
Cheektowaga, NY 14225
Phone - 716-632-5806
Fax - 716-632-3083

Budget Rent A Car

Ex

To: Faina Gray - Philadelphia **From:** Maria Bonati
Ins.

Fax: 866-736-8922 **Pages:** 4 (Including Cover)

Phone: **Date:** 4/4/2007

Re: New Claim **CC:**

Please find following a new assignment. Please call me when you receive this assignment. Unauth. driver and passenger taken to hospital by ambulance. Both treated and released. Renter told me she was driving vehicle.

Claim Number : [REDACTED]
Vehicle Number : 4101440
Renter : [REDACTED]
Unauth Driver : [REDACTED] - No license - permit only
[REDACTED]
Buffalo, NY [REDACTED]
Date/Accident : March 31, 2007

Budget**BUDGET RENT A CAR OF BUFFALO****RENTAL AGREEMENT
AN INDEPENDENT
BUDGET SYSTEM LICENSEE**

BUDGET RENT A CAR OF BUFFALO
3999 GENESEE ST, BUFFALO, NY 14225
(716) 632-4675 / (800) BUDGET-9
WWW.BUDGETBUFFALO.COM

CONTRACT NO.

00509023

71801406

OUT: BR W BUF APD

WRITTEN 03/19/07

RENTER INFORMATION		VEHICLE INFORMATION	
RENTER: REZ#: [REDACTED] LSD [REDACTED]	DOB: [REDACTED] HOME PH: [REDACTED] LIC # [REDACTED] SELF - REAL ESTATE LOCAL: 7165289479	REPLACED BUF 0206813 BMR9347	CURRENT BUF 4101440 VEHICLE # [REDACTED] LICENSE # [REDACTED] MODEL LIGHT GREY FUSION - MILES OUT 12282
DATE OUT 03/20/07 DATE IN 1905			
ADDITIONAL DRIVER INFORMATION		RATE INFORMATION	
NONE AUTHORIZED LIC#:	DOB: [REDACTED] EXP: [REDACTED]	MINIMUM CHARGE - 1 DAY PLUS MILEAGE	
A CHARGE OF \$3 PER DRIVER PER DAY APPLIES TO ALL ADDITIONAL DRIVERS. ONLY DRIVERS AUTHORIZED BY BUDGET ARE PERMITTED TO OPERATE THE VEHICLE. \$500 CHARGE APPLIES FOR UNAUTHORIZED DRIVERS. Renter is responsible for all injury or damage caused by unauthorized drivers.		Daily rate is based on 24 hour day	
DUE BACK/RETURN INFORMATION		RATE 1: STD CC	
VEHICLE IS DUE BACK ON 03/31/07 AT 1905 TO OUR BUFFALO BUF NIA INTERN APT LOCATION.		unl PER MILE 000 FREE MLS/DAY 16.49 PER HOUR 32.95 PER DAY 195.95 PER 7 DAY PERIOD	
Hourly charges will apply if your return time is later than your pickup time. A drop charge of \$1 per mile driven will apply if the vehicle is returned to an unauthorized location.		RATE 2:	
RECEIPT ONLY TERMS AND CONDITIONS OF THE ORIGINAL RENTAL AGREEMENT APPLY.		PER MILE 000 FREE MLS/DAY PER HOUR PER DAY PER DAY PERIOD Hourly charges will apply if your return time is later than your pickup time.	
<ul style="list-style-type: none"> All of Budget's obligations under the Agreement, including all insurance provisions hereof, are void if vehicle is used or operated in violation of the Rental Agreement. However, Renter's obligations and Budget's rights are still in force. Renter assumes responsibility for any and all parking and traffic violations during the term of the rental. Renter must immediately report any accident or theft to the local police and to the renting location and complete a Budget Accident or Theft Report within 24 hours of occurrence. If Renter returns the vehicle with less than a full tank, a refueling charge will apply. (Unless fuel purchase option was accepted) 		OPTIONAL COVERAGES	
VI XXXXXXXX *****8900 042001 546.51 XXXXXXXX		I DECLINE LDW I DECLINE PAE I DECLINE PAC I DECLINE SLI If offered, Renter insulate below to accept or decline at the rate shown, LDW for loss damage waiver, PAE for personal accident and effects insurance (cars only), PAC for personal accident and cargo insurance (trucks only), and SLI for supplemental liability insurance. Renter also acknowledges at the time of rental that he/she understands the conditions and limitations of each coverage. Renter Initial's X _____	
I have read, understood and agree to be bound by the terms and conditions on both sides of this Rental Agreement. If this rental is to be charged on a credit card, my signature below will be considered to have been made on the applicable credit card voucher and I give Budget permission to fill out and sign the voucher on my behalf (see No. 14 on reverse side). I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS AGREEMENT. X RENTERS SIGNATURE		TOTAL TIME AND MILES CHARGED GAS AT EXCHANGE Sales Tax 0.75% 5% Rental Tax TE# OPTIONAL COVERAGES GAS \$5.49/ TOT DEP: YOUR APPROXIMATE TOTAL WILL BE: 478.63 PLUS APPLICABLE MILEAGE & REFUELING CHARGES	
BUDGET REPRESENTATIVE SIGNATURE EMP NO.		FUEL PURCHASE OPTION	
Renter agrees to pay a finance charge of the maximum amount allowed by law of any unpaid obligation.		I DECLINE FPO	
		☐ Renter Agrees to Fuel Purchase Option at the rate shown. AT THE TIME OF RETURN, NO CREDIT WILL BE GIVEN FOR ANY FUEL REMAINING IN THE VEHICLE. Renter Initial's X _____	
		REFUND \$	
		RENTER'S INITIAL X	
		BUDGET CSR	
		OUT IN	
		SMN	
		CONTRACT CLOSED SUBJECT TO FINAL AUDIT	

Andrews, Bernstein & Maranto, LLP

Attorneys and Counselors at Law
69 Delaware Avenue, Suite 1200
Buffalo, New York 14202

Tel: (716) 842-2200
Fax: (716) 847-1134

Benjamin J. Andrews
Robert J. Maranto, Jr.
Richard A. Nicotra
Andrew D. Fanizzi
Andrew J. Connelly

Of Counsel
Alan L. Bernstein

May 3, 2007

Ms. Maria Bonati
Claims Administrator
Budget Rent a Car of Buffalo
3999 Genesee Street
Buffalo, New York 14225-1977

Re: Claimant: [REDACTED]
D/Accident: 3/31/07
Your Claim No: [REDACTED]
Vehicle Number: [REDACTED]

Dear Ms. Bonati:

Please be advised our office represents [REDACTED] for personal injuries she sustained in a motor vehicle accident which occurred on March 31, 2007 while a passenger in one of your rental cars. The vehicle that was rented from your facility was a 2007 Ford Focus, purple in color and identified as vehicle number "4101440". It has been alleged that brake failure may have caused or contributed to the subject accident. It is, therefore, respectfully demanded that no alterations or repairs be made to the subject vehicle until we have had an opportunity to have it inspected.

Kindly advise as to the vehicle's whereabouts and if you have any questions, please do not hesitate to contact me.

Very truly yours,

ANDREWS, BERNSTEIN & MARANTO, LLP


ANDREW D. FANIZZI

ADF/pab

PF16-017 000022 LC

BUDGET RENT A CAR OF BUFFALO
3999 GENESEE ST, BUFFALO, NY 14225
(716)632-4675 / (800) BUDGET-9
WWW.BUDGETBUFFALO.COM

RENTAL AGREEMENT #:
00509023

OUT: BR N BUF AFD

WRITTEN 03/19/07

RENTER: [REDACTED] LBD
[REDACTED]
BUFFALO NY [REDACTED]
DOB: 02/21/## HOME PH: [REDACTED] EXP: 02/21/12
LIC #: NY [REDACTED]
SELF - REAL ESTATE
LOCAL: 7165789479

REPLACED
BUF 0206813
BMR9347
VEHICLE #
LICENSE #
MODEL
MILES OUT
DATE OUT
03/19/07 1905

CURRENT
BUF 4101440
LIGHT GREY FUS1
12282

VEHICLE IS DUE BACK ON 03/31/07 AT 1905 TO OUR
BUFFALO BUF NIA INTERN APT LOCATION.

A DROP CHARGE OF \$1 PER MILE DRIVEN WILL APPLY
IF RETURNED TO A DIFFERENT LOCATION

Daily rate is based on 24 hour day
MINIMUM CHARGE 1 DAY PLUS MILEAGE

RATE 1: STD DC N

uni	PER MILE	000	FREE MLS/DAY
16.49	PER HOUR		
32.95	PER DAY		
155.95	PER 7 DAY PERIOD		

RATE 2:

	PER MILE	000	FREE MLS/DAY
	PER HOUR		
	PER DAY		
	PER	DAY PERIOD	

NONE AUTHORIZED
LIC#:

DOB:
EXP:

\$200 CHARGE APPLIES FOR UNAUTHORIZED DRIVERS

DEPOSIT: Airport Fee 11%
Sales Tax 8.75%
5% Rental Tax
TE#

***** OPTIONAL SERVICES *****
I DECLINE SLI
I DECLINE LDW
I DECLINE PAE
I DECLINE PAD
I DECLINE FPD 395 \$5.49/DAL
GAS AT EXCHANGE

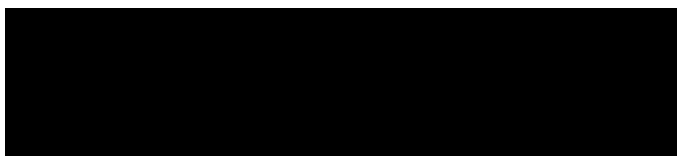
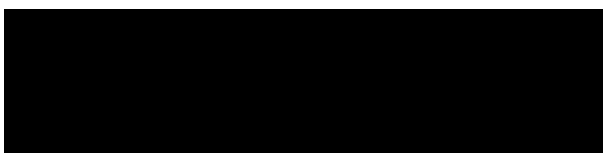
BY MY INITIALS I ACCEPT OR DECLINE THE
OPTIONAL COVERAGES AS SHOWN ABOVE. X

VI 02/23/08
*****8900
042001 546.51

YOUR APPROXIMATE TOTAL WILL BE: 478.63
PLUS APPLICABLE MILEAGE & REFUELING CHARGES

I HEREBY AUTHORIZE BUDGET TO RELEASE MY RENTAL AND CHARGE CARD
INFORMATION TO VIOLATION MANAGEMENT SERVICES (VMS) FOR THE
EXCLUSIVE PURPOSE OF PROCESSING AND BILLING FOR FINES AND
PENALTIES. I AGREE TO PAY, UPON BILLING, AN ADMINISTRATIVE FEE
OF \$40 FOR EACH UNPAID PARKING & TRAFFIC VIOLATION INCURRED
DURING THE TERM OF THIS RENTAL.

SWN





5/18/07

AC

Claims Department

3939 Belt Line Road, Suite 650, Addison, Texas 75001
972.488.8535 • Fax: 972.488.8920 • www.phly.com

May 15, 2007



Ford Motor Company
Attn: Andrew Chabot
Office of General Counsel
Park Lane Towers West, #300
3 Park Lane Blvd.
Dearborn, Michigan 48126

RE: Our Insured: Marita Car Rental Inc. dba Budget Rent a Car
 Date of Accident: March 31, 2007
 Our Claim Number: [REDACTED]
 Vehicle: 2007 Ford Fusion
 Vin.# 3FAHP08137R [REDACTED]
 Color: Gray

Dear Mr. Chabot::

This letter follows my telephone conversation with you on May 15, 2007 with regard to a brake allegation on the above mentioned vehicle. Philadelphia Indemnity Insurance provides a business auto policy for liability coverage concerning the Budget vehicles on this policy and we are conducting an investigation into a brake allegation on this vehicle. I enclose a copy of the police report, rental agreement and attorney letter for your review. We are hiring an engineer to inspect the brakes on this vehicle and request that Ford and the plaintiff attorney conduct their inspections at the same time as our engineer to minimize delays and possible tampering or alterations of this vehicle. Please call me if Ford wishes to inspect this vehicle, so I can assist you with those arrangements.

If you have any questions regarding this, or need any additional information, please feel free to contact me at 1-866-765-0012, 7:30 to 4:00 P.M. Central time.

Respectfully,

PHILADELPHIA INSURANCE COMPANIES



Toni Washkowiak
Sr. Claims Examiner

cc. Maria Bonati, Claims Administrator
Budget Rent a Car of Buffalo
39999 Genesee Street
Buffalo, New York 14225-1977

Marita Car Rentals, Inc.
Budget Rent a Car of Buffalo
4565 Genesee Street
Cheektowaga, NY 14225
Phone - 716-632-5806
Fax - 716-632-3083

Budget Rent A Car

Ex

To: Faina Gray - Philadelphia **From:** Maria Bonati
Ins.

Fax: 866-736-8922 **Pages:** 4 (Including Cover)

Phone: **Date:** 4/4/2007

Re: New Claim **CC:**

Please find following a new assignment. Please call me when you receive this assignment. Unauth. driver and passenger taken to hospital by ambulance. Both treated and released. Renter told me she was driving vehicle.

Claim Number :

Vehicle Number :

Renter :

Unauth Driver :

No license - permit only

Buffalo, NY

Date/Accident : March 31, 2007

Budget**BUDGET RENT A CAR OF BUFFALO**
RENTAL AGREEMENT
AN INDEPENDENT
BUDGET SYSTEM LICENSEE
BUDGET RENT A CAR OF BUFFALO
3999 GENESEE ST, BUFFALO, NY 14225
(716) 632-4675 / (800) BUDGET-9
WWW.BUDGETBUFFALO.COM

CONTRACT NO.

00509023

71801406

OUT: BR W BUF APD

WRITTEN 03/19/07

RENTER INFORMATION		VEHICLE INFORMATION	
RENTER: REZ#: [REDACTED] LSD [REDACTED] [REDACTED] BUFFALO NY [REDACTED] DOB: 02/21/44 HOME PH: [REDACTED] LIC #: [REDACTED] EXP: 02/21/12 SELF - REAL ESTATE LOCAL: 7165289479		REPLACED BUF 0206813 BMR9347 1483	CURRENT BUF 4101440 [REDACTED] MODEL LIGHT GREY FUSION - MILES OUT 12282
ADDITIONAL DRIVER INFORMATION NONE AUTHORIZED LIC#: [REDACTED] DOB: [REDACTED] EXP: [REDACTED] A CHARGE OF \$3 PER DRIVER PER DAY APPLIES TO ALL ADDITIONAL DRIVERS. ONLY DRIVERS AUTHORIZED BY BUDGET ARE PERMITTED TO OPERATE THE VEHICLE. \$500 CHARGE APPLIES FOR UNAUTHORIZED DRIVERS. Renter is responsible for all injury or damage caused by unauthorized drivers. RENTER'S INITIAL X		DATE OUT 03/20/07 1905 DATE IN	
DUE BACK/RETURN INFORMATION VEHICLE IS DUE BACK ON 03/31/07 AT 1905 TO OUR BUFFALO BUF NIA INTERN APT LOCATION. Hourly charges will apply if your return time is later than your pickup time. A drop charge of \$1 per mile driven will apply if the vehicle is returned to an unauthorized location.		RATE INFORMATION MINIMUM CHARGE - 1 DAY PLUS MILEAGE Daily rate is based on 24 hour day RATE 1: STD CC un1 PER MILE 000 FREE MLS/DAY 16.49 PER HOUR 32.95 PER DAY 195.95 PER 7 DAY PERIOD RATE 2: PER MILE 000 FREE MLS/DAY PER HOUR PER DAY PER DAY PERIOD Hourly charges will apply if your return time is later than your pickup time.	
RECEIPT ONLY TERMS AND CONDITIONS OF THE ORIGINAL RENTAL AGREEMENT APPLY.		OPTIONAL COVERAGES I DECLINE LDW I DECLINE PAE I DECLINE PAC I DECLINE SLI If offered, Renter insulate below to accept or decline at the rate shown, LDW for loss damage waiver, PAE for personal accident and effects insurance (cars only), PAC for personal accident and cargo insurance (trucks only), and SLI for supplemental liability insurance. Renter also acknowledges at the time of rental that he/she understands the conditions and limitations of each coverage. Renter Initial's X	
* All of Budget's obligations under this Agreement, including all insurance provisions hereof, are void if vehicle is used or operated in violation of this Rental Agreement. However, Renter's obligations and Budget's rights are still in force. * Renter assumes responsibility for any and all parking and traffic violations during the term of the rental. * Renter must immediately report any accident or theft to the local police and to the rental location and complete a Budget Accident or Theft Report within 24 hours of occurrence. * If Renter returns the vehicle with less than a full tank, a refueling charge will apply. (Unless fuel purchase option was accepted)		TOTAL TIME AND MILES CHARGED GAS AT EXCHANGE Sales Tax 0.75% 5% Rental Tax TE# OPTIONAL COVERAGES GAS \$5.49/ TOT DEP: YOUR APPROXIMATE TOTAL WILL BE: 478.63 PLUS APPLICABLE MILEAGE & REFUELING CHARGES	
VI [REDACTED] XXXXXXXX ***** 042001 546.51 XXXXXXXX		FUEL PURCHASE OPTION I DECLINE FPO Renter agrees to Fuel Purchase Option at the rate shown. AT THE TIME OF RETURN, NO CREDIT WILL BE GIVEN FOR ANY FUEL REMAINING IN THE VEHICLE. Renter Initial's X	
I have read, understood and agree to be bound by the terms and conditions on both sides of this Rental Agreement. If this rental is to be charged on a credit card, my signature below will be considered to have been made on the applicable credit card voucher and I give Budget permission to fill out and sign the voucher on my behalf (see No. 14 on reverse side). I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS AGREEMENT.		REFUND \$ RENTER'S INITIAL X BUDGET CSR OUT IN SMN	
BUDGET REPRESENTATIVE SIGNATURE EMP NO. Renter agrees to pay a finance charge of the maximum amount allowed by law of any unpaid obligation.		CONTRACT CLOSED SUBJECT TO FINAL AUDIT	

Andrews, Bernstein & Maranto, LLP

Attorneys and Counselors at Law
69 Delaware Avenue, Suite 1200
Buffalo, New York 14202

Tel: (716) 842-2200
Fax: (716) 847-1134

Benjamin J. Andrews
Robert J. Maranto, Jr.
Richard A. Nicotra
Andrew D. Fanizzi
Andrew J. Connelly

Of Counsel
Alan L. Bernstein

May 3, 2007

Ms. Maria Bonati
Claims Administrator
Budget Rent a Car of Buffalo
3999 Genesee Street
Buffalo, New York 14225-1977

Re: Claimant: [REDACTED]
D/Accident: 3/31/07
Your Claim No: [REDACTED]
Vehicle Number: [REDACTED]

Dear Ms. Bonati:

Please be advised our office represents [REDACTED] for personal injuries she sustained in a motor vehicle accident which occurred on March 31, 2007 while a passenger in one of your rental cars. The vehicle that was rented from your facility was a 2007 Ford Focus, purple in color and identified as vehicle number "4101440". It has been alleged that brake failure may have caused or contributed to the subject accident. It is, therefore, respectfully demanded that no alterations or repairs be made to the subject vehicle until we have had an opportunity to have it inspected.

Kindly advise as to the vehicle's whereabouts and if you have any questions, please do not hesitate to contact me.

Very truly yours,

ANDREWS, BERNSTEIN & MARANTO, LLP


ANDREW D. FANIZZI

ADF/pab

PF16-017 000030 LC

BUDGET RENT A CAR OF BUFFALO
3999 GENESEE ST, BUFFALO, NY 14225
(716)632-4675 / (800) BUDGET-9
WWW.BUDGETBUFFALO.COM

RENTAL AGREEMENT #:
00509023

OUT: BR N BUF AFD

WRITTEN 03/19/07

RENTER: [REDACTED] RESID: [REDACTED] LGD
[REDACTED] BUFFALO NY [REDACTED]
DOB: [REDACTED] HOME PH: [REDACTED]
LIC #: NY [REDACTED] EXP: 02/21/12
SELF - REAL ESTATE 7168923960
LOCAL: 7165789479

NONE AUTHORIZED
LIC#:

DOB:
EXP:

\$200 CHARGE APPLIES FOR UNAUTHORIZED DRIVERS

REPLACED
BUF 0206813
BMR3347

VEHICLE #
LICENSE #
MODEL
MILES OUT

CURRENT
BUF 4101440
[REDACTED]
LIGHT GREY FUS1
12282

DATE OUT 03/19/07 1905

VEHICLE IS DUE BACK ON 03/31/07 AT 1905 TO OUR
BUFFALO BUF NIA INTERN APT LOCATION.

A DROP CHARGE OF \$1 PER MILE DRIVEN WILL APPLY
IF RETURNED TO A DIFFERENT LOCATION

Daily rate is based on 24 hour day
MINIMUM CHARGE 1 DAY PLUS MILEAGE

RATE 1: STD DC N

unit	PER MILE	000	FREE MLS/DAY
16.49	PER HOUR		
32.95	PER DAY		
155.95	PER 7 DAY PERIOD		

RATE 2:

	PER MILE	000	FREE MLS/DAY
	PER HOUR		
	PER DAY		
	PER		DAY PERIOD

DEPOSIT: Airport Fee 11%
Sales Tax 8.75%
5% Rental Tax
TE#

***** OPTIONAL SERVICES *****
I DECLINE SLI
I DECLINE LDA
I DECLINE PAE
I DECLINE PAD
I DECLINE FPD 395 \$5.49/DAL
GAS AT EXCHANGE

BY MY INITIALS I ACCEPT OR DECLINE THE
OPTIONAL COVERAGES AS SHOWN ABOVE. X

VI 02/28/08

042001 546.51

YOUR APPROXIMATE TOTAL WILL BE: 478.63
PLUS APPLICABLE MILEAGE & REFUELING CHARGES

I HEREBY AUTHORIZE BUDGET TO RELEASE MY RENTAL AND CHARGE CARD
INFORMATION TO VIOLATION MANAGEMENT SERVICES (VMS) FOR THE
EXCLUSIVE PURPOSE OF PROCESSING AND BILLING FOR FINES AND
PENALTIES. I AGREE TO PAY, UPON BILLING, AN ADMINISTRATIVE FEE
OF \$40 FOR EACH UNPAID PARKING & TRAFFIC VIOLATION INCURRED
DURING THE TERM OF THIS RENTAL.

SWN



FILED
JUN 12 PM 1:11
CLERK OF COURT
FAMILY
COURT

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA

[REDACTED]

CIVIL DIVISION

Plaintiff,

vs.

NO.: [REDACTED]

FORD MOTOR COMPANY,

Defendant.

COMPLAINT IN CIVIL ACTION

Filed on behalf of Plaintiff:
David M. Chase

COUNSEL OF RECORD FOR THIS PARTY:

Robert A. Rapkin, Esquire
Identification No. 61628

KIMMEL & SILVERMAN, P.C.
30 East Butler Pike
Ambler, PA 19002
(215) 540-8888

DEFENDANT
FILED
9 MAY 26 PM 2:31
CML

SEP 16 2009

HEARING DATE _____
ROOM 301 OR COURTHOUSE
AT 2:00 PM

WRIT WAIVED

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA



CIVIL DIVISION

Plaintiff,

vs.

NO.:

FORD MOTOR COMPANY,

Defendant.

COMPLAINT IN CIVIL ACTION

Filed on behalf of Plaintiff:
David M. Chase

COUNSEL OF RECORD FOR THIS PARTY:

Robert A. Rapkin, Esquire
Identification No. 61628

KIMMEL & SILVERMAN, P.C.
30 East Butler Pike
Ambler, PA 19002
(215) 540-8888

WRIT WAIVED

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION**

[REDACTED]

Plaintiff,

vs.

No.:

FORD MOTOR COMPANY,

Defendant.

NOTICE TO DEFEND

YOU HAVE BEEN SUED IN COURT. If you wish to defend against the claims set forth in the following pages, you must take action within TWENTY (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

**LAWYER REFERRAL SERVICE
The Allegheny County Bar Association
11th Floor Koppers Building
436 Seventh Street
Pittsburgh, Pennsylvania 15219
Telephone: (412) 261-0518**

HEARING NOTICE

YOU HAVE BEEN SUED IN COURT. The above Notice to Defend explains what you must do to dispute the claims made against you. If you file the written response referred to in the Notice to Defend, a hearing before a board of arbitrators will take place in Room 523 of the Allegheny County Courthouse, 436 Grant Street, Pittsburgh, Pennsylvania on _____, 20____, at 9:00 a.m. IF YOU FAIL TO FILE THE RESPONSE DESCRIBED IN THE NOTICE TO DEFEND, A JUDGMENT FOR THE AMOUNT CLAIMED IN THE COMPLAINT MAY BE ENTERED AGAINST YOU BEFORE THE HEARING.

DUTY TO APPEAR AT ARBITRATION HEARING

If one or more of the parties is not present at the hearing, THE MATTER MAY BE HEARD AT THE SAME TIME AND DATE BEFORE A JUDGE OF THE COURT WITHOUT THE ABSENT PARTY OR PARTIES. THERE IS NO RIGHT TO A TRIAL DE NOVO ON APPEAL FROM A DECISION ENTERED BY A JUDGE.

NOTICE: YOU MUST RESPOND TO THIS COMPLAINT WITHIN TWENTY (20) DAYS OR A JUDGMENT FOR THE AMOUNT CLAIMED MAY BE ENTERED AGAINST YOU BEFORE THE HEARING. IF ONE OR MORE OF THE PARTIES IS NOT PRESENT AT THE HEARING, THE MATTER MAY BE HEARD IMMEDIATELY BEFORE A JUDGE WITHOUT THE ABSENT PARTY OR PARTIES. THERE IS NO RIGHT TO A TRIAL DE NOVO ON APPEAL FROM A DECISION ENTERED BY A JUDGE.

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

[REDACTED]

Plaintiff,

vs.

FORD MOTOR COMPANY,

Defendant.

No.:

9 MAY 26 PM 1
CML

COMPLAINT

1. Plaintiff, [REDACTED] is an adult individual citizen and legal resident of the Commonwealth of Pennsylvania, [REDACTED] Pittsburgh, PA [REDACTED]

2. Defendant, Ford Motor Company, is a corporation qualified to do and regularly conduct business in the Commonwealth of Pennsylvania, with its address and principal place of business located at 300 Renaissance Center, P.O. Box 43301, Detroit, MI 48243, and can be served at Office of the Secretary, One American Road, 10th Floor, Dearborn, MI 48126.

BACKGROUND

3. On or about April 06, 2009, Plaintiff purchased a new 2009 Mercury Milan, manufactured and warranted by Defendant, bearing the Vehicle Identification Number 3MEHM07Z89R [REDACTED]

4. The vehicle was purchased in the Commonwealth of Pennsylvania and is registered in the Commonwealth of Pennsylvania.

5. The contract price of the vehicle, including registration charges, document fees, sales tax, finance and bank charges, but excluding other collateral charges not specified, yet defined by the Lemon Law, totaled more than \$22,295.00. A true and correct copy of the contract is attached hereto, made a part hereof, and marked Exhibit "A".

6. In consideration for the purchase of said vehicle, Defendant issued to Plaintiff several warranties, guarantees, affirmations or undertakings with respect to the material or workmanship of the vehicle and/or remedial action in the event the vehicle fails to meet the promised specifications.

7. The above-referenced warranties, guarantees, affirmations or undertakings are/were part of the basis of the bargain between Defendant and Plaintiff.

8. The parties' bargain includes an express 3-year / 36,000 mile warranty, as well as other guarantees, affirmations and undertakings as stated in Defendant's warranty materials and owner's manual.

9. However, as a result of the ineffective repair attempts made by Defendant through its authorized dealer(s), the vehicle is rendered substantially impaired, unable to be utilized for its intended purposes, and is worthless to Plaintiff.

During the first 12 months and/or 12,000 miles, Plaintiff complained on at least three (3) occasions about defects and or non-conformities to the following vehicle components: Brakes, Fluid Leak, Shaft Seal and Master Cylinder. True and correct copies of all invoices in Plaintiff possession are attached hereto, made a part hereof, and marked Exhibit "B".

COUNT I
PENNSYLVANIA AUTOMOBILE LEMON LAW

11. Plaintiff hereby incorporates all facts and allegations set forth in this Complaint by reference as if fully set forth at length herein.

12. Plaintiff is a "Purchaser" as defined by 73 P.S. §1952.

13. Defendant is a "Manufacturer" as defined by 73 P.S. §1952.

14. Schultz Ford is and/or was at the time of sale a Motor Vehicle Dealer in the business of buying, selling, and/or exchanging vehicles as defined by 73 P.S. §1952.

15. On or about April 06, 2009, Plaintiff took possession of the above mentioned vehicle and experienced nonconformities as defined by 73 P.S. §1951 et seq., which substantially impair the use, value and/or safety of the vehicle.

16. The nonconformities described violate the express written warranties issued to Plaintiff by Defendant.

17. Section 1955 of the Pennsylvania Automobile Lemon Law provides:

If a manufacturer fails to repair or correct a nonconformity after a reasonable number of attempts, the manufacturer shall, at the option of the purchaser, replace the motor vehicle... or accept return of the vehicle from the purchaser, and refund to the purchaser the full purchase price, including all collateral charges, less a reasonable allowance for the purchaser's use of the vehicle, not exceeding \$.10 per mile driven or 10% of the purchase price of the vehicle, whichever is less.

18. Section 1956 of the Pennsylvania Automobile Lemon Law provides a presumption of a reasonable number of repair attempts if:

- (1) The same nonconformity has been subject to repair three times by the manufacturer, its agents or authorized dealers and the nonconformity still exists; or
- (2) The vehicle is out-of-service by reason of any nonconformity for a cumulative total of thirty or more calendar days.

19. Plaintiff has satisfied the above definition as the vehicle has been subject to repair more than three (3) times for the same nonconformity, and the nonconformity remained uncorrected.

20. In addition, the above vehicle has or will be out-of-service by reason of the nonconformities complained of for a cumulative total of thirty (30) or more calendar days.

21. Plaintiff has delivered the nonconforming vehicle to an authorized service and repair facility of the Defendant on numerous occasions as outlined below.

22. After a reasonable number of attempts, Defendant was unable to repair the nonconformities.

23. Plaintiff avers the vehicle has been subject to additional repair attempts for defects and conditions for which Defendant's warranty dealer did not provide or maintain itemized statements as required by 73 P.S. § 1957.

24. Plaintiff avers that such itemized statements, which were not provided as required by 73 P.S. § 1957 also include technicians' notes of diagnostic procedures and repairs, and Defendant's Technical Service Bulletins relating to this vehicle.

25. Plaintiff avers the vehicle has been subject to additional repair attempts for defects and conditions for which Defendant's warranty dealer did not provide the notification required by 73 P.S. § 1957.

26. Plaintiff has and will continue to suffer damages due to Defendant's failure to comply with the provisions of 73 P.S. §§ 1954 (repair obligations), 1955 (manufacturer's duty for refund or replacement), and 1957 (itemized statements required).

27. Pursuant to 73 P.S. § 1958, Plaintiff seeks relief for losses due to the vehicle's nonconformities, including the award of reasonable attorneys' fees and all court costs.

WHEREFORE, Plaintiff respectfully demands judgment against Defendant in an amount equal to the price of the subject vehicle, plus all collateral charges, attorneys' fees, and court costs.

COUNT II
MAGNUSON-MOSS (FTC) WARRANTY IMPROVEMENT ACT

28. Plaintiff hereby incorporates all facts and allegations set forth in this Complaint by reference as if fully set forth at length herein.

29. Plaintiff may resort or may have resorted to Defendant's informal dispute settlement procedure, to the extent said procedure complies with 16 CFR 703.

30. Plaintiff avers that the Federal Trade Commission (FTC) has determined that no automobile manufacturer complies with 16 CFR 703. See, Fed. Reg. 15636, Vol. 62, No. 63 (Apr. 2, 1997).

31. Plaintiff is a "Consumer" as defined by 15 U.S.C. §2301(3).

32. Defendant is a "supplier", "warrantor", and a "service contractor" as defined by 15 U.S.C. § 2301 (4),(5) and (8).

33. The subject vehicle is a "consumer product" as defined by 15 U.S.C. § 2301(1).

34. By the terms of its written warranties, affirmations, promises, or service contracts, Defendant agreed to perform effective repairs at no charge for parts and/or labor.

35. The Magnuson-Moss Warranty Improvement Act requires Defendant to be bound by all warranties implied by state law. Said warranties are imposed on all transactions in the state in which the vehicle was delivered.

36. Defendant has made attempts on several occasions to comply with the terms of its express warranties; however, such repair attempts have been ineffective.

37. The Magnuson-Moss Warranty Improvement Act, 15 U.S.C. §2310(d)(2) provides:

If a consumer finally prevails on an action brought under paragraph (1) of this subsection, he may be allowed by the court to recover as part of the judgment a sum equal to the amount of aggregate amount of costs and expenses (including attorney fees based upon actual time expended), determined by the court to have been reasonably incurred by the Plaintiff for, or in connection with the commencement and prosecution of such action, unless the court, in its discretion shall determine that such an award of attorney's fees would be inappropriate.

38. Plaintiff has afforded Defendant a reasonable number of opportunities to conform the vehicle to the aforementioned express warranties, implied warranties and contracts.

39. As a direct and proximate result of Defendant's failure to comply with the express written warranties, Plaintiff has suffered damages and, in accordance with 15 U.S.C. §2310(d)(1), Plaintiff is entitled to bring suit for such damages and other legal and equitable relief.

40. Defendant's failure is a breach of Defendant's contractual and statutory obligations constituting a violation of the Magnuson-Moss Warranty Improvement Act, including but not limited to: breach of express warranties; breach of implied warranty of merchantability; breach of implied warranty of fitness for a particular purpose; breach of contract; and constitutes an Unfair Trade Practice.

41. Plaintiff avers that Defendant's warranty was not provided to Plaintiff until after the vehicle was delivered, making any and all limitations, disclaimers and/or alternative dispute provisions ineffective for a failure of consideration.

42. Plaintiff avers Defendant's Dispute Resolution Program was not in compliance with 16 CFR 703 for the model year of the subject vehicle.

43. Plaintiff avers that Defendant's warranty did not require Plaintiff to first resort to a Dispute Resolution Program before filing suit.

44. Plaintiff avers that upon successfully prevailing upon the Magnuson-Moss claim herein, all attorney fees are recoverable and are demanded against Defendant.

WHEREFORE, Plaintiff respectfully demands judgment against Defendant in an amount equal to the price of the subject vehicle, plus all collateral charges, incidental and consequential damages, reasonable attorneys' fees, and all court costs.

COUNT III
PENNSYLVANIA UNFAIR TRADE
PRACTICES AND CONSUMER PROTECTION LAW

45. Plaintiff hereby incorporates all facts and allegations set forth in this Complaint by reference as if fully set forth at length herein.

46. Plaintiff is a "Person" as defined by 73 P.S. §201-2(2).

47. Defendant is a "Person" as defined by 73 P.S. §201-2(2).

48. Section 201-9.2(a) of the Act authorizes a private cause of action for any person "who purchases or leases goods or services primarily for personal, family or household purposes."

49. Section 1961 of the Pennsylvania Automobile Lemon Law, provides that a violation of its provisions shall automatically constitute a violation of the Pennsylvania Unfair Trade Practices and Consumer Protection Act, 73 P.S. 201-1 et seq.

50. In addition, the Pennsylvania Unfair Trade Practices and Consumer Protection Act, 73 P.S. §201-2(4), defines "unfair or deceptive acts or practices" to include the following conduct:

- (vii). Representing that goods or services are of a particular standard, quality or grade, or that goods are of a particular style or model, if they are of another;
- (xiv). Failing to comply with the terms of any written guarantee or warranty given to the buyer at, prior to, or after a contract for the purchase of goods or services is made;
- (xv). Knowingly misrepresenting that services, replacements or repairs are needed if they are not needed;
- (xvi). Making repairs, improvements or replacements on tangible, real or personal property of a nature or quality inferior to or below the standard of that agreed to in writing;
- (xvii). Engaging in any other fraudulent or deceptive conduct which creates a likelihood of confusion or of misunderstanding.

51. Plaintiff avers Defendant has violated these, as well as other provisions, of 73 P.S. §201-2 et seq.

52. Section 201-3.1 of the Act provides that the Automotive Industry Trade Practice rules and regulations adopted by the Attorney General for the enforcement of this Act shall constitute additional violations of the Act.

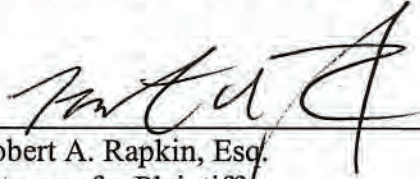
53. Defendant's conduct surrounding the sale and servicing of the subject vehicle falls within the aforementioned definitions of "unfair or deceptive acts or practices."

54. The Act also authorizes the Court, in its discretion, to award up to three (3) times the actual damages sustained for violations.

WHEREFORE, Plaintiff respectfully demands judgment against Defendant in an amount not in excess of Twenty Five Thousand Dollars (\$25,000), together with all collateral charges, attorneys' fees, all court costs and treble damages.

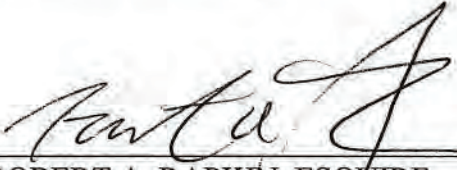
KIMMEL & SILVERMAN, P.C.

By: _____


Robert A. Rapkin, Esq.
Attorney for Plaintiff
30 East Butler Pike
Ambler, PA 19002
(215) 540-8888

V E R I F I C A T I O N

Robert A. Rapkin, states that he is the attorney for the Plaintiff herein; that he is acquainted with the facts set forth in the foregoing Complaint; that same are true and correct to the best of his knowledge, information and belief; and that this statement is made subject to the Penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsifications to authorities.



ROBERT A. RAPKIN, ESQUIRE
Attorney for Plaintiff

EXHIBIT A

05/06/2009 10:54

4128288590

SHULTS FORD

PAGE 01/03

SHULTS AUTO GROUP

☐ Shults Ford
10401 Perry Hwy
Wexford, PA 15090
(724) 934-2380
(724) 934-2503 Fax

☐ Shults Ford at Route 28
2871 Westport Road
Pittsburgh, PA 15238
(412) 828-2300
(412) 828-8390 Fax

PLEASE ENTER MY ORDER FOR THE FOLLOWING				DATE 04/06/2009	
☐ NEW ☐ USED ☐ DEMO ☐ CAR ☐ TRUCK ☒ OTHER					
VIN 1M2H2U9Y4T1A4444444444				CITY PITTSBURGH PA	
COLOR BLUE CC CAMEL CLOT				STATE PA	
MILEAGE 25				ZIP	
STOCK NO. 408452				DATE OF BIRTH	
SALESMAN WILLIAM T KRESS				AGE	
DELIVERED ON OR ABOUT 04/06/2009					
DESCRIPTION OF TRADE IN				PRICE OF VEHICLE 22295.00	
				LESS MANUFACTURER'S REBATE 3500.00	
TITLE NO.				PLATE NO.	
OWNER				LOCAL	
ADDRESS				PHONE	
AMOUNT				DOWN PAY	
COLLISION COVERAGE				GAP INSURANCE 540.00	
NAME OF AGENT				PHONE	
ADDRESS					
POLICY NUMBER				ROLLBACK REDUCIBLE 500.00	
EXPIRATION DATE				EXPIRATION DATE	
04/06/2009				10/06/2009	
WARRANTY INFORMATION				EXTENDED WARRANTY TYPE	
☐ FACTORY WARRANTY - This manufacturer's warranty is in full compliance with the state of PA. The seller hereby expressly disclaims all warranties, whether expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller further warrants not to be liable for any claim for a defect in connection with the sale of this vehicle.				MONTHS	
☐ USED CAR WARRANTY - Used car is covered by a limited warranty detailed in a separate document. You may obtain a full copy of any applicable warranty from us.				MILES	
☐ AS IS - THIS MOTOR VEHICLE IS SOLD "AS IS" WITHOUT ANY WARRANTY, EITHER EXPRESSED OR IMPLIED. THE PURCHASER WILL BE RESPONSIBLE FOR THE ENTIRE EXPENSE OF REPAIRS OR CORRECTING ANY DEFECT THAT MAY EXIST.				Cash Price of Vehicle & Accessories 19335.00	
PURCHASER'S SIGNATURE				Sales Tax 1253.45	
USED CAR BUYER'S GUIDE: THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THE CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.				REGISTRATION 20.00	
GUÍA PARA COMPRADORES DE VEHÍCULOS USADOS. LA INFORMACIÓN QUE VE EN EL FORMULARIO DE LA VENTANILLA PARA ESTE VEHÍCULO FORMA PARTE DEL PRESENTE CONTRATO. LA INFORMACIÓN DEL FORMULARIO DE LA VENTANILLA DEJA SIN EFECTO TODA DISPOSICIÓN EN CONTRARIO CONTENIDA EN EL CONTRATO DE VENTA.				TRANSFER 22.30	
If you cancel this purchase agreement or refuse to take delivery of the vehicle ordered, except as permitted by law, you shall, at our option, forfeit as damages the amount of \$				ENCUMBRANCE 63.50	
PURCHASER'S SIGNATURE				Documentary Fee 120.00	
				Messenger Fee	
				Notary Fee	
				OLAF - GSS 15.45	
				TIRE TAX 5.00	
				Total Price 20832.40	
				Trade-in	
				Less Payoff *	
				Net Trade In	
				Deposit	
				Cash on Delivery	
				Total Down Payment	
				Unpaid Balance of Total Price 20832.40	
Buyer agrees that this Agreement includes all of the terms and conditions on the front end back side hereof, that this Agreement cancels and supersedes any prior agreement including oral agreements, and as of the date below comprises, with any retail installment sale contract, the complete and exclusive statement of the terms of the agreement relating to the subject matters covered by this Agreement. Buyer, by signing this Agreement, acknowledges that he has read its terms and has received a true copy of this Agreement.					
This Agreement is not binding upon either Dealer or Buyer until signed by an authorized Dealer representative. YOU, THE BUYER, MAY CANCEL THIS AGREEMENT AND RECEIVE A FULL REFUND ANY TIME BEFORE RECEIPT OF A COPY OF THE AGREEMENT SIGNED BY AN AUTHORIZED DEALER REPRESENTATIVE BY GIVING WRITTEN NOTICE OF CANCELLATION TO DEALER.					
☐ BUYER ACKNOWLEDGES THAT IF THIS BOX IS CHECKED, THIS AGREEMENT CONTAINS AN ARBITRATION CLAUSE.					
BUYER HAS READ ALL PAGES OF THIS AGREEMENT AND AGREES TO ALL TERMS AND CONDITIONS IN THIS AGREEMENT.					
BUYER SIGNS X				DATE 04/06/2009	
MANAGER'S APPROVAL				(Signature)	
CO-BUYER SIGNS X				DATE	

05/06/2009 10:54 4128288590

SHULTS FORD

PAGE 02/03

1-800-727-7000   www.fordcredit.com	Buyer (and Co-buyer) Name and Address (including County and Zip Code) <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div> PITTSBURGH PA ALLEGHENY	SELLER/CREDITOR (Seller Name and Address) SHULTS FORD LINCOLN MERCURY 2671 FREEPORT ROAD PITTSBURGH PA 15236
--	---	---

the Buyer and Co-Buyer, is jointly referred to as "you" or "you". The Seller/Creditor is referred to as "we", "us" or "Seller". You may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." By signing this contract, you

New/Used	Make	Year and Make	Model	Vehicle Identification Number	Use For Which Purchased
NEW	25	2009 MERCURY	MILAN	3MEHM07089	☐ Personal ☐ Agricultural ☐ Commercial

FINANCIAL STATEMENTS

1. Cash Price	\$ 22295.00	(1)
2. Down Payment		
Third Party Rebate Assigned to Seller	\$ 3500.00	
Cash Down Payment	\$ N/A	
Trade-In	\$ N/A	
Year and Make	Gross Allowance	Amount Owning
Total Down Payment	\$ 3500.00	(2)
3. Unpaid Balance of Cash Price (1 minus 2)	\$ 18795.00	(3)
4. Amounts paid on your behalf (Seller may be retaining a portion of these amounts)		
To Public Officials		
(i) for license (\$ N/A), title (\$ 22.50), &		
registration (\$ 36.00), fees \$ 50.00		
(ii) for filing fees \$ 5.00		
(iii) for taxes (not in Cash Price) \$ 1258.45	\$ 1421.95	
To Insurance Companies for:		
Credit Life Insurance (for term of contract)	\$ N/A	
Credit Disability Insurance (for term of contract)	\$ N/A	
N/A (Term N/A Months)	\$ N/A	
N/A (Term N/A Months)	\$ N/A	
To GAP HAYTER	\$ 640.00	
To N/A for N/A	\$ N/A	
To SHULTS FORD LINCOL for NDC FEE \$120.00	\$ 120.00	
To N/A for N/A	\$ N/A	
To N/A for N/A	\$ N/A	
To SHULTS FORD LINCOL for ONL INE FEE	\$ 16.45	
Total	\$ 2097.40	(4)
5. Amount Financed (3 plus 4)	\$ 2097.40	(5)

INSHANG

YOU ARE REQUIRED TO INSURE THE VEHICLE. YOU MAY OBTAIN VEHICLE INSURANCE FROM A PERSON OF YOUR CHOICE.

**LIABILITY INSURANCE COVERAGE
FOR BODILY INJURY AND PROPERTY
DAMAGE CAUSED TO OTHERS IS NOT
INCLUDED.**

CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

[illegible]

Credit Disability Insurance Company

Premium Insured(s)

You Want Credit Disability Insurance?

Buyer Sign:

Co-Buyer Sign:

21. OTHER OPTIONAL INSURANCE:

Coverage and	Premium and
Insurance Company	Term In Months

N/A
 By N/A
 N/A
 N/A
 By N/A
 You want the optional insurance for which premiums are included above.
 Buyer signs
 Co-Buyer Signs

Order Life and Credit Disability Insurance now for the term of this contract. The amount and coverage are shown in a notice of agreement given to you today.

☒ Debt Cancellation Waiver Addendum (Optional)
If this box is checked you have purchased a debt

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate	FINANCE CHARGE The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments The amount you will have paid when you have made all scheduled payments	Total Sale Price The total cost of your purchase on credit, including your downpayment
7.75 %	\$301.20	\$20892.49	\$28193.50	\$29633.00

Your Payment Schedule will be:		
Number of Payments	Amount of Payments	When Payments are Due
72	369.80	☒ Monthly ☐ Semi-Annually ☐ Annually
N/A	N/A	starting MAY 06, 2009
N/A	N/A	N/A

Prepayment: If you pay off your debt early, you will not have to pay a penalty.
Security Interest: You are giving a security interest in the vehicle being purchased.
Late Payment: You must pay a late charge on the portion of each payment received more than 10 days late. This charge is 2.0 percent of the late amount.
Contract: Please sign this contract for additional information on security interest, prepayment default, the right to require repayment of your debt in full before the scheduled date, and prepayment penalty.

If you do not meet your contract obligations, you may lose your vehicle, as well as both parts and goods put on your vehicle and money or goods received for your vehicle.

☐ Your last installment payment under this contract is a balloon payment.

EXCESS WEAR, USE AND MILEAGE CHARGES

If the box directly above is checked, this section, Paragraph B, and Paragraph C of this contract apply. You may be charged for excessive wear based upon our standards for normal use. If you exercise this option to sell the vehicle back to Seller under Paragraph B, you must pay the Seller, \$0. 0.15 per mile for each mile in excess of 0.15 miles shown on the odometer.

EXTRA MILEAGE OPTION CREDIT

05/06/2009 10:54

4128288598

SHULTS FORD

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N/A	N/A	N/A
N/A	N/A	N/A

Prepayment: If you pay off your debt early, you will not have to pay a penalty.
Security Interest: You are giving a security interest in the vehicle being purchased.
Late Payments: You must pay a late charge on the portion of each payment received more than 10 days late. The charge is 5.0 percent of the late amount.
Contracts: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date, and prepayment penalty.

If you do not meet your contract obligations, you may lose your vehicle, as well as both parts and goods put on your vehicle and money or goods received for your vehicle.

EXCESS WEAR, USE AND MILEAGE CHARGES

☐ Your last installment payment under this contract is a balloon payment.
 If the box directly above is checked, this section, Paragraph B, and Paragraph C of this contract apply. You may be charged for excessive wear based upon our standards for normal use. If you exercise the option to sell the vehicle back to Seller under Paragraph B, you must pay the Seller \$0. N/A per mile for each mile in excess of N/A miles shown on the odometer.

EXTRA MILEAGE OPTION CREDIT

If this contract contains a balloon payment (as indicated above), and you have exercised your option to sell the vehicle to the Seller under Paragraph B, this paragraph applies to your contract. At the scheduled end of this contract, you will receive a credit of \$0. N/A per unused mile for the number of unused miles between N/A and N/A miles. Any amount you owe under this contract. You will not receive any credit if the vehicle is destroyed, this contract ends early, or you are in default. You will not receive any credit if the credit is less than \$1.00.

Anti-Theft Product (Optional)

☐ If this box is checked you purchased the anti-theft product(s) listed below. The purchase of anti-theft product(s) is optional and not required to obtain credit, even if the product(s) is already installed on the vehicle you selected. You may purchase anti-theft product(s) from the person of your choice. By signing below, you agree to purchase the anti-theft product(s) at the price disclosed.

N/A	\$	N/A	Term	N/A
N/A	\$	N/A	Term	N/A
N/A	\$	N/A	Term	N/A

Buyer Signs X

NON-MODIFICATION DISCLOSURE

Any change in this contract must be in writing and signed by you and the Seller.

Buyer Signs XCo-Buyer Signs X

YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE ARBITRATION PROVISION ON THE REVERSE SIDE OF THIS CONTRACT.

The Annual Percentage Rate may be negotiated with the Seller. The Seller may assign this contract and may retain its right to receive a portion of the Finance Charge.

NOTICE TO BUYER

Do not sign this contract in blank. You are entitled to an exact copy of the contract that you sign. Keep it to protect your legal rights.

Buyer Signs XCo-Buyer Signs X

Buyer (and Co-Buyer) acknowledge that (i) before signing this contract, Buyer (and Co-Buyer) received and reviewed a true and completely filled in copy of this contract and (ii) at the time of signing this contract, Buyer (and Co-Buyer) received a true and completely filled in copy of this contract.

Buyer Signs XCo-Buyer Signs XSeller SHULTS FORD LINCOLN MERCURYTitle FINANCE MGR

THIS CONTRACT IS NOT VALID UNTIL YOU AND SELLER SIGN IT.

ASSIGNMENT

Seller may transfer this contract to another person. That person will then have all Seller's rights, privileges, and remedies. By signing below, the Buyer assigns this contract to FORD MOTOR CREDIT COMPANY ("Assignee").

To contact Assignee about this contract, call 1-800-727-7000 or visit their website at www.fordcredit.com

Seller SHULTS FORD LINCOLN MERCURYTitle FINANCE MGR

FD 1707-01 (Rev. 07) (Provision without may not be used)
 FD 1707-01-01 FD 1707-01-01

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

EXHIBIT B

Richard Bazy's
ShultsFord
Wexford
(724) 934-2388

Richard Bazy's
Shults
Ford Lincoln Mercury
Harmarville
(412) 828-2300

SHULTS FORD LINCOLN MERCURY
2871 FREEPORT ROAD
PITTSBURGH, PA 15238
(412) 828-2300

www.PGIlfordking.com

**Motorcraft**

CUSTOMER NO.	ADVISOR KEN DEAN	8296	TAG NO. R484	INVOICE DATE 04/17/09	INVOICE NO.
PITTSBURGH, PA	LABOR RATE	LICENSE NO.	MILEAGE 475	COLOR SPORT BLUE	STOCK NO.
	YEAR / MAKE / MODEL 09/MERCURY/MILAN/4DR SDN FWD			DELIVERY DATE 04/06/09	DELIVERY MILES 25
	VEHICLE I.D. NO. 3MEHM07Z89R			SELLING DEALER NO. 44B002	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.		R.O. DATE 04/15/09	
RESIDENCE PHONE	COMMENTS				MO: 481

LABOR & PARTS
J# 1.02FOZ-MISG1 BRAKE REPAIR TECH(S):8029 WARRANTY
CUST STATES VEHICLE LOST BRAKES TOW IN
VERIFY VERY LOW FLUID IN MASTERCYLINDER RESEVOIR,DIAGNOSE
LEAK AND FOUND SHAFT SEAL OF MASTER CYLINDER FAILED AND
LEAKED FLUID INTO BRAKE BOOSTER. REPLACE MASTER CYLINDER AND
BRAKE BOOSTER BLEED BRAKES AND ROAD TEST VEHICLE AND VERIFY
REPAIRED

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	PM-1-Q	FLUID - BRAKE	
JOB # 1	1	9E5Z-2140-C	CYLINDER ASY -	
JOB # 1	1	8E5Z-2005-A	BOOSTER ASY -	

JOB # 1 TOTAL PARTS

WARRANTY
WARRANTY
WARRANTY
0.00

JOB # 1 TOTAL LABOR & PARTS

0.00

J# 2.30FOZ-99P SHULTS REPORT CARD TECH(S):8229 INTERNAL
PERFORM SHULTS AUTO CARE REPORT CARD SERVICE
TIRE DEPTH READINGS AND BRAKE READINGS WHERE APPLICABLE:
CHECK ALL COMPONENTS OF SHULTS AUTO REPORT CARD
AND EXPLAIN ALL FINDINGS TO CUSTOMER

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2				0.00

JOB # 2 TOTAL LABOR & PARTS

0.00

TOTALS

SERVICE AND PARTS HOURS MONDAY THROUGH THURSDAY 7:30 AM TO 5

FRIDAY HOURS 7:30 AM TO 5 PM

NEW!! SATURDAY HOURS 8:00AM TO 4:00PM

SHULTS FORD MEMBER OF SHULTS AUTO GROUP

SERVICE (412) 828-2300

UP TO 12 MONTH 12,000 MILE WARRANTY ON REPAIR - SEE ADVISOR

EARLY BIRD DROP OFF - FREE SHUTTLE SERVICE - SEE ADVISOR

CUSTOMER SIGNATURE

TOTAL INVOICE \$ 0.00

ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY
ARE THOSE MADE BY THE MANUFACTURER. THE
SELLER HEREBY EXPRESSLY DISCLAIMS ALL WAR-
RANTIES EITHER EXPRESS OR IMPLIED, INCLUDING
ANY IMPLIED WARRANTY OF MERCHANTABILITY OR
FITNESS FOR A PARTICULAR PURPOSE, AND NEI-
THER ASSUMES NOR AUTHORIZES ANY OTHER
PERSON TO ASSUME FOR IT ANY LIABILITY IN CON-
NECTION WITH THE SALE OF SAID PRODUCTS. I, THE
UNDERSIGNED, AGREE TO PAY ANY AND ALL COL-
LECTION OR ATTORNEY FEES MADE NECESSARY BY
A NONSUFFICIENT FUND, STOP PAYMENT, REFER TO
MAKER, OR ACCOUNT CLOSED CHECK OR CHARGE
CARD OR UNPAID REPAIR ORDER.

Richard Bazy's
ShultsFord

ALL PARTS ARE NEW OR
FACTORY REBUILT UNLESS
SPECIFIED OTHERWISE

Richard Bazy's
Shults
Ford Lincoln Mercury

Thank You!
WE APPRECIATE
YOUR CONFIDENCE IN
OUR DEALERSHIP.

Page: 01

CQIS DETAIL REPORT

07/07/09 08:00:40

CQIS Report Number: [REDACTED] Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 04/20/2009

----- R E P O R T S U M M A R Y -----

VEHICLE: 2009 MILAN, LUXUR , SEDAN VIN : 3MEHM07Z89F [REDACTED]
Engine : 2.3L-4V DOHC EFI NA I4 GAS Odometer: 524 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 3 01 6 99 CHASSIS SERVICE BRAKE SYSTEM
INOP/INEFFECTIVE CONCERN NOT LISTED

Additional Symptom: MASTER LEAKING INTO BOOSTER
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Attchmnts: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

----- C O M M E N T S -----

--TYPE-- COMMENT TEXT
REPAIR WEB FORM DATA - CONCERN: LOW BRAKE FLUID LITE ON DIAGNOSTICS:
INSPECT BRAKE SYSTEM NO EXTERNAL LEAKS FOUND FOUND BRAKE BOOSTER FULL
OF BRAKE FLUID MASTER CYLINDER WENT EMPTY OVER NITE TECH QUESTION:
CUSTOMER STATED BRAKES WENT TO FLOOR ON TIME AFTER REPAIR CAUSING HIM
TO HIT CAR IN FRONT OF HIM'' MINOR DAMAGE'' ROAD TESTED CAR THIS AM
STOPS NORMAL ANY KNOWN PROBLEMS ? WERE YOU ABLE TO VERIFY THE
CONCERN? NO IS THERE AN APPROPRIATE PINPOINT TEST IN THE WSM FOR
THIS CONCERN? YES WAS THE PINPOINT TEST FOLLOWED? YES
RECOMM WILLIAM, THERE ARE NO REPORTS FOR THIS LEAK CONDITION ON 2009 MODELS.
THE TECHNICAL LIBRARY HAS 2 REPORTS FOR 2008 UNITS FOR THE MASTER
LEAKING INTO THE BOOSTER. SERVICE THE BRAKES AS NEEDED. IF THERE WERE
ANY INJURIES PLEASE SUBMIT A CUSTOMER AFFAIRS FOR REVIEW FORM
AVAILABLE ON FMCDEALER.COM..

----- C O N C E R N D E T A I L S -----

----- D I A G N O S T I C I N F O R M A T I O N -----

Symp. Verif?: Ease of Diagnosis: Level of Assistance:
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : 8D Number:
Prior Repair Attempts: Repair Prior to Call: NO
KOEO:
KOEC:
KOER:
CB:
Equipment/Procedure Used Effective? Equipment/Procedure Used Effective

----- S E R V I C E A C T I O N S -----

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

CQIS Report Number: [REDACTED] Program Type: C1
Report Source: MSS - FCSD - CUST ASST CTR

Orig Rpt #: [REDACTED]
Report Date: 04/17/2009

----- R E P O R T S U M M A R Y -----

VEHICLE: 2009 MILAN, LUXUR, SEDAN VIN : 3MEHM07Z89R [REDACTED]
Engine : 2.3L-4V DOHC BFI NA I4 GAS Odometer: 500 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 3 01 6 88 CHASSIS SERVICE BRAKE SYSTEM
INOP/INEFFECTIVE FRONT AND REAR

Additional Symptom:

Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:

Causal Factor:

Feature:

Loc:

Causal Condition:

Photo:

Attchmnts: 0

Component Test Status:

---- Return Loc:

Vehicle Fixed?:

Customer satisfied?:

Repair Effectiveness (%):

----- C O M M E N T S -----

--TYPE-- COMMENT TEXT

OWNREL CUSTOMER SAID: -I PICKED THE CAR UP AND THE BRAKES WERE GRINDING-THEY CUT THE ROTORS-2 DAYS AGO THE BRAKES WENT OUT COMPLETELY-THE DLR PICKED THE VEH UP FROM MY WORK -THEY TOLD ME THE MASTER CYLINDER WENT OUT ON THE VEH-I FEEL THAT I COULD HAVE DIED IN THAT VEH-THEY GAVE ME FORD ESCORT AS A RENTAL VEH-THEY FLEW THE PART IN AND IT GOT TO THE DLR YESTERDAY-THEY ARE IN THE PROCESS OF FIXING THE VEH-I AM NOT A HAPPY GUY-I HAVE NOT BOUGHT AN AMERICAN CAR IN 25 YEARS -I KNOW IT IS A DEFECTIVE PART BUT IT COULD HAVE KILLED ME-I DONT CARE WHAT FORD DOES, BUT THEY NEED TO DO SOMETHING-EITHER TAKE THE VEH BACK OR TO PAY THE 1ST YEAR OF PAYMENTS**SEEKING**FIN NANCIAL COMPENSATION FOR THE SAFETY ISSUEDEALER SAID: SHULTS FORD LINCOLN MERCURY IN HARMARVILLE2871 FREEPORT ROAD PITTSBURGH, PA 15238TEL:(412) 828-2300CRC ADVISED: I WILL ESCALATE THIS TO OUR CUSTOMER CARE SOLUTIONS TEAM. A SPECIALIST WILL CONTACT YOU WITHIN 2 BUSINESS DAYS.ADV CUST THAT CCST WILL BE IN CONTACT WITH HIM BY EOB ON TUESDAY-CUST STATES BEST # IS HIS CELL PHONE #

OWNREL **CCS SHANNA ~ EXT 7394**====CASE RESEARCH====LTV SCORE OF 42====ORIGINAL OWNER OF 1 VEHICLE(S) ====AS PER OASIS, NO CAMPAIGN MESSAGE(S) FOUND; NO ESP INFORMATION AVAILABLE; THERE ARE 3 SSMS •20459, 20428, 20368U====AS PER AWS, NO REPAIR HISTORY ON VEHICLE.====AS PER GCQIS, TECH HOTLINE REPORT # 9DTAM072 NHL, LAST UPDATED 04/20/2009 09:50AM: TECH HOTLINE ADVISED NO REPORTS FOR THIS LEAK CONDITION ON 2009 MODELS, BUT PROVIDED RECCOMENDATION.====VEHICLE HAS POTENTIAL TO MEET BUYBACK/VEHICLE REPLACEMENT REQUIREMENTS=====

OWNREL **CCS SHANNA ~ EXT 7394 ON BEHALF OF CCS MONICA ~ EXT 7308 ** OBC TO CUSTOMER AT [REDACTED]: THE BRAKES WENT OUT ON HIM LAST TUESDAY (4/14). * CUSTOMER SAYS THAT HE PICKED THE VEHICLE UP ON 4/17. * AFTER HE SPOKE WITH THE CRC, THERE WAS AN ACCIDENT. * HE WAS GOING 20-24 MILES/ HOUR AND HE REAR ENDED THE VEHICLE. * THE MASTER CYLINDER WENT OUT ON HIS VEHICLE. * THERE IS DAMAGE TO HIS VEHICLE AND DAMAGE TO THE OTHER VEHICLE * HAS NOT STARTED A CLAIM WITH HIS INSURANCE COMPANY. * THE ACCIDENT OCCURRED ON 4/17/2009 AT 4-4:30P ET* CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT* NO INJURIES SUSTAINED THAT

CQIS Report Number: [REDACTED] Program Type: C1
Report Source: MSS - FCSD - CUST ASST CTR

Orig Rpt #: [REDACTED]
Report Date: 04/17/2009

----- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION -----

Rpr Dlr: USA 06338 - Shults Ford Lincoln Mercury, I Ph#: (412) 828-2300
City: Pittsburgh State : Pennsylvania
Country: United States Region : Pittsburgh

Customer name : [REDACTED] City :

----- C Q I S V I N H I S T O R Y -----

Date	CQIS Report #	Prog Type	Symp Cat	Causal Part Description	Dealer Id
04/20/2009	9DTAM072	NHL	CHASS.		USA 06338
04/27/2009	9D1A4505	CACSFE	CHASS.		USA 06338

--- S U P P L E M E N T A L S U R V E Y: MORS III GENERIC BATCH LOAD ---

SURVEY HAS BEEN RECEIVED

----- VEHICLE'S WARRANTY HISTORY (365 days only) -----

Dealer ID	Repair Date	Repair Order	Odometer (Miles)	Rp Nr	Caus Cond	Service Pfx	Part Base	Number Sfx	Labor Operation
USA 06338	04/15/09	466177	475	1	82		TAP1		
USA 06338	04/15/09	466177	475	2	D1	P		1 Q	2005AA
USA 06338	04/15/09	466177	475	2	D1	9E5	2140	C	
USA 06338	04/15/09	466177	475	2	D1	8E5	2005	A	

CQIS Report Number: [REDACTED] Program Type: C3
 Report Source: MSS - FCSD - CUST ASST CTR

Orig Rpt #: [REDACTED]
 Report Date: 04/27/2009

----- V E H I C L E D E T A I L S -----
 Vehicle Build Date: 11/07/2008 Warranty Start Date: 04/06/2009
 Date of Sale: Selling Dlr(Geo/Mkt,Dlr,Sub):
 Dealer Special Order: Gross Vehicle Weight: 428 LBS
 LH/RH Drive:

----- E N G I N E -----
 Engine: 2.3L-4V DOHC EFI NA I4 GAS Tag: UG 298 AA
 Bld Dt: Calb: 9DE1F40 A Serial #: 031108200642

----- T R A N S M I S S I O N -----
 Trans: 5SPD AUTO MAZDA FNR5 Part #:
 Bld Dt: Serial #: E07298714848
 Model: Shift:

----- A D D I T I O N A L -----
 Tire : P205/60R16 ALL SEASON Brand :
 Radio : SINGLE CD/MP3 RADIO A/C : MANUAL AIR CONDITIONER
 Paint : PN3-????????????????????????????????????? SPORT BLUE METALLIC

----- A F T E R M A R K E T M O D I F I C A T I O N S -----
 NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

----- R E P O R T O R I G I N A T O R - R E P A I R F A C I L I T Y - C U S T O M E R I N F O R M A T I O N -----
 Rpr Dlr:USA 06338 - Shults Ford Lincoln Mercury, I Ph#:(412) 828-2300
 City: Pittsburgh State : Pennsylvania
 Country: United States Region : Pittsburgh

Customer name : DAVID CHASE City :

----- C Q I S V I N H I S T O R Y -----

Date	CQIS Report #	Prog Type	Symp Cat	Causal Part Description	Dealer Id
04/17/2009	9DQAJ006	CACVOC	CHASS.		USA 06338
04/20/2009	9DTAM072	NHL	CHASS.		USA 06338

--- S U P P L E M E N T A L S U R V E Y: MORS III GENERIC BATCH LOAD ---
 SURVEY HAS BEEN RECEIVED

----- V E H I C L E ' S W A R R A N T Y H I S T O R Y (365 days only) -----

Dealer ID	Repair Date	Repair Order	Odometer (Miles)	Rp Nr	Caus Cond	Service Pfx	Part Base	Number Sfx	Labor Operation
USA 06338	04/15/09	[REDACTED]	475	1	82		TAP1		
USA 06338	04/15/09	[REDACTED]	475	2	D1	P	1 Q		2005AA
USA 06338	04/15/09	[REDACTED]	475	2	D1	9E5	2140 C		
USA 06338	04/15/09	[REDACTED]	475	2	D1	8E5	2005 A		

Page: 01

CQIS DETAIL REPORT

07/07/09 08:00:40

CQIS Report Number: [REDACTED] Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 04/20/2009

----- R E P O R T S U M M A R Y -----

VEHICLE: 2009 MILAN, LUXUR, SEDAN VIN : 3MEHM07Z89R [REDACTED]
Engine : 2.3L-4V DOHC BFI NA I4 GAS Odometer: 524 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 3 01 6 99 CHASSIS SERVICE BRAKE SYSTEM
INOP/INEFFECTIVE CONCERN NOT LISTED

Additional Symptom: MASTER LEAKING INTO BOOSTER
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Attchmnts: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

----- C O M M E N T S -----

--TYPE-- COMMENT TEXT
REPAIR WEB FORM DATA - CONCERN: LOW BRAKE FLUID LITE ON DIAGNOSTICS:
INSPECT BRAKE SYSTEM NO EXTERNAL LEAKS FOUND FOUND BRAKE BOOSTER FULL
OF BRAKE FLUID MASTER CYLINDER WENT EMPTY OVER NITE TECH QUESTION:
CUSTOMER STATED BRAKES WENT TO FLOOR ON TIME AFTER REPAIR CAUSING HIM
TO HIT CAR IN FRONT OF HIM'' MINOR DAMAGE'' ROAD TESTED CAR THIS AM
STOPS NORMAL ANY KNOWN PROBLEMS ? WERE YOU ABLE TO VERIFY THE
CONCERN? NO IS THERE AN APPROPRIATE PINPOINT TEST IN THE WSM FOR
THIS CONCERN? YES WAS THE PINPOINT TEST FOLLOWED? YES
RECOMM WILLIAM, THERE ARE NO REPORTS FOR THIS LEAK CONDITION ON 2009 MODELS.
THE TECHNICAL LIBRARY HAS 2 REPORTS FOR 2008 UNITS FOR THE MASTER
LEAKING INTO THE BOOSTER. SERVICE THE BRAKES AS NEEDED. IF THERE WERE
ANY INJURIES PLEASE SUBMIT A CUSTOMER AFFAIRS FOR REVIEW FORM
AVAILABLE ON FMCDEALER.COM..

----- C O N C E R N D E T A I L S -----

----- D I A G N O S T I C I N F O R M A T I O N -----

Symp. Verif?: Ease of Diagnosis: Level of Assistance:
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : 8D Number:
Prior Repair Attempts: Repair Prior to Call: NO
KOEO:
KOEC:
KOER:
CB:
Equipment/Procedure Used Effective? Equipment/Procedure Used Effective

----- S E R V I C E A C T I O N S -----

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

PE16-017 000057 LC

CQIS Report Number: [REDACTED] Program Type: C1
Report Source: MSS - FCSD - CUST ASST CTR

Orig Rpt #: [REDACTED]
Report Date: 04/17/2009

----- R E P O R T S U M M A R Y -----

VEHICLE: 2009 MILAN, LUXUR, SEDAN VIN : 3MEHM07Z89R [REDACTED]
Engine : 2.3L-4V DOHC EFI NA I4 GAS Odometer: 500 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 3 01 6 88 CHASSIS SERVICE BRAKE SYSTEM
INOP/INEFFECTIVE FRONT AND REAR

Additional Symptom:

Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:

Causal Factor: Feature: Loc:

Causal Condition: Photo: Atchmnts: 0

Component Test Status: ---- Return Loc:

Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

----- C O M M E N T S -----

--TYPE-- COMMENT TEXT

OWNREL CUSTOMER SAID: -I PICKED THE CAR UP AND THE BRAKES WERE GRINDING-THEY CUT THE ROTORS-2 DAYS AGO THE BRAKES WENT OUT COMPLETELY-THE DLR PICKED THE VEH UP FROM MY WORK -THEY TOLD ME THE MASTER CYLINDER WENT OUT ON THE VEH-I FEEL THAT I COULD HAVE DIED IN THAT VEH-THEY GAVE ME FORD ESCORT AS A RENTAL VEH-THEY FLEW THE PART IN AND IT GOT TO THE DLR YESTERDAY-THEY ARE IN THE PROCESS OF FIXING THE VEH-I AM NOT A HAPPY GUY-I HAVE NOT BOUGHT AN AMERICAN CAR IN 25 YEARS -I KNOW IT IS A DEFECTIVE PART BUT IT COULD HAVE KILLED ME-I DONT CARE WHAT FORD DOES, BUT THEY NEED TO DO SOMETHING-EITHER TAKE THE VEH BACK OR TO PAY THE 1ST YEAR OF PAYMENTS**SEEKING**FIN NANCIAL COMPENSATION FOR THE SAFETY ISSUED DEALER SAID: SHULTS FORD LINCOLN MERCURY IN HARMARVILLE 2871 FREEPORT ROAD PITTSBURGH, PA 15238 TEL: (412) 828-2300 CRC ADVISED: I WILL ESCALATE THIS TO OUR CUSTOMER CARE SOLUTIONS TEAM. A SPECIALIST WILL CONTACT YOU WITHIN 2 BUSINESS DAYS. ADV CUST THAT CCST WILL BE IN CONTACT WITH HIM BY EOB ON TUESDAY-CUST STATES BEST # IS HIS CELL PHONE #

OWNREL **CCS SHANNA ~ EXT 7394**====CASE RESEARCH====LTV SCORE OF 42====ORIGINAL OWNER OF 1 VEHICLE(S) ====AS PER OASIS, NO CAMPAIGN MESSAGE(S) FOUND; NO ESP INFORMATION AVAILABLE; THERE ARE 3 SSMS •20459, 20428, 20368U====AS PER AWS, NO REPAIR HISTORY ON VEHICLE.====AS PER GCQIS, TECH HOTLINE REPORT # 9DTAM072 NHL, LAST UPDATED 04/20/2009 09:50AM: TECH HOTLINE ADVISED NO REPORTS FOR THIS LEAK CONDITION ON 2009 MODELS, BUT PROVIDED RECCOMENDATION.====VEHICLE HAS POTENTIAL TO MEET BUYBACK/VEHICLE REPLACEMENT REQUIREMENTS=====

OWNREL **CCS SHANNA ~ EXT 7394 ON BEHALF OF CCS MONICA ~ EXT 7308 ** OBC TO CUSTOMER AT [REDACTED] THE BRAKES WENT OUT ON HIM LAST TUESDAY (4/14). * CUSTOMER SAYS THAT HE PICKED THE VEHICLE UP ON 4/17. * AFTER HE SPOKE WITH THE CRC, THERE WAS AN ACCIDENT. * HE WAS GOING 20-24 MILES/ HOUR AND HE REAR ENDED THE VEHICLE. * THE MASTER CYLINDER WENT OUT ON HIS VEHICLE. * THERE IS DAMAGE TO HIS VEHICLE AND DAMAGE TO THE OTHER VEHICLE * HAS NOT STARTED A CLAIM WITH HIS INSURANCE COMPANY. * THE ACCIDENT OCCURRED ON 4/17/2009 AT 4-4:30P ET* CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT* NO INJURIES SUSTAINED THAT

Orig Rpt #: [REDACTED]
Report Date: 04/17/2009

CQIS Report Number: [REDACTED] Program Type: C1
Report Source: MSS - FCSD - CUST ASST CTR

Orig Rpt #: [REDACTED]
Report Date: 04/17/2009

----- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION -----
Rpr Dlr:USA 06338 - Shults Ford Lincoln Mercury, I Ph#:(412) 828-2300
City: Pittsburgh State : Pennsylvania
Country: United States Region : Pittsburgh

Customer name : DAVID CHASE City :

----- C Q I S V I N H I S T O R Y -----

Date	CQIS Report #	Prog Type	Symp Cat	Causal Part Description	Dealer Id
04/20/2009	9DTAM072	NHL	CHASS.		USA 06338
04/27/2009	9D1A4505	CACSFE	CHASS.		USA 06338

--- S U P P L E M E N T A L S U R V E Y: MORS III GENERIC BATCH LOAD ---

SURVEY HAS BEEN RECEIVED

----- VEHICLE'S WARRANTY HISTORY (365 days only) -----

Dealer ID	Repair Date	Repair Order	Odometer (Miles)	Rp Nr	Caus Cond	Service Pfx	Part Base	Number Sfx	Labor Operation
USA 06338	04/15/09	[REDACTED]	475	1	82		TAP1		
USA 06338	04/15/09	[REDACTED]	475	2	D1	P	1 Q		2005AA
USA 06338	04/15/09	[REDACTED]	475	2	D1	9E5	2140 C		
USA 06338	04/15/09	[REDACTED]	475	2	D1	8E5	2005 A		

Page: 01

CQIS DETAIL REPORT

07/07/09 08:00:41

CQIS Report Number: [REDACTED] Program Type: C3
Report Source: MSS - FCSD - CUST ASST CTR

Orig Rpt #: [REDACTED]
Report Date: 04/27/2009

----- R E P O R T S U M M A R Y -----

VEHICLE: 2009 MILAN,LUXUR ,SEDAN
Engine : 2.3L-4V DOHC EFI NA I4 GAS
Operating Environ:
Vehicle Use :

VIN : 3MEHM07Z89R [REDACTED]
Odometer: 475 MILES
WCC :
Rsp. Act:

SYMPTOM: 3 01 6 00 CHASSIS
INOP/INEFFECTIVE

SERVICE BRAKE SYSTEM
OTHER (CODE NOT AVAILABLE)

Additional Symptom:
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Attchmnts: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

----- C O M M E N T S -----

--TYPE-- COMMENT TEXT
OWNREL ***** **PRODUCT CLAIM***** **DATE
RECEIVED: 04/21/09 DEALER CONTACT: JOHN JACQUEL CUSTOMER ALLEGES
CONCERN AS THE BRAKES WOULDN'T WORK. THE CUSTOMER IS SEEKING TO HAVE
HIS AND THE OTHER VEHICLE REPAIRED.CUSTOMER REQUESTS CONTACT FROM FORD
REPRESENTATIVE.
OWNREL **ANALYST SPOKE TO JOHN JACQUEL, SHULTS FORD. HE CONFIRMED ISSUE
INFORMATION. JOHN REPORTED THAT THE SERVICE DEPT PERFORMED BRAKE
RELATED REPAIRS PRIOR TO THE ACCIDENT. AFTER THE ACCIDENT, MR. CHASE
DROVE HIS VEHICLE TO THE DLR.
OWNREL **FSE REQUESTED.---FSE, M. HAYDUK, REPORTED NO FMC DEFECT FOUND,
UNABLE TO VERIFY OR DUPLICATE CONCERN.
OWNREL **ANALYST PROVIDED JOHN JACQUEL, SHULTS FORD, WITH THE DENIAL
DECISION.
OWNREL **ANALYST SENT A DENIAL LETTER TO MR. CHASE.

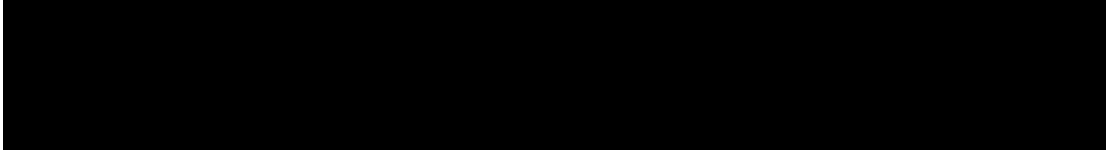
----- C O N C E R N D E T A I L S -----

----- D I A G N O S T I C I N F O R M A T I O N -----
Symp. Verif?: Ease of Diagnosis: Level of Assistance:
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : 8D Number:
Prior Repair Attempts: Repair Prior to Call: NO
KOEO:
KOEC:
KOER:
CB:
Equipment/Procedure Used Effective? Equipment/Procedure Used Effective

----- S E R V I C E A C T I O N S -----

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

Orig Rpt #: [REDACTED]
Report Date: 04/27/2009



BEGINNING OF CONTACT
06/29/2012

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.01

=====

REGION:	W1 LOS ANGELES	OGC ISSUE	CASE NBR:	
VIN:	3FAHP07109R	ZONE: A01	OPENED:	2012/06/28
		ENGINE: 1	CLOSED:	2012/06/28

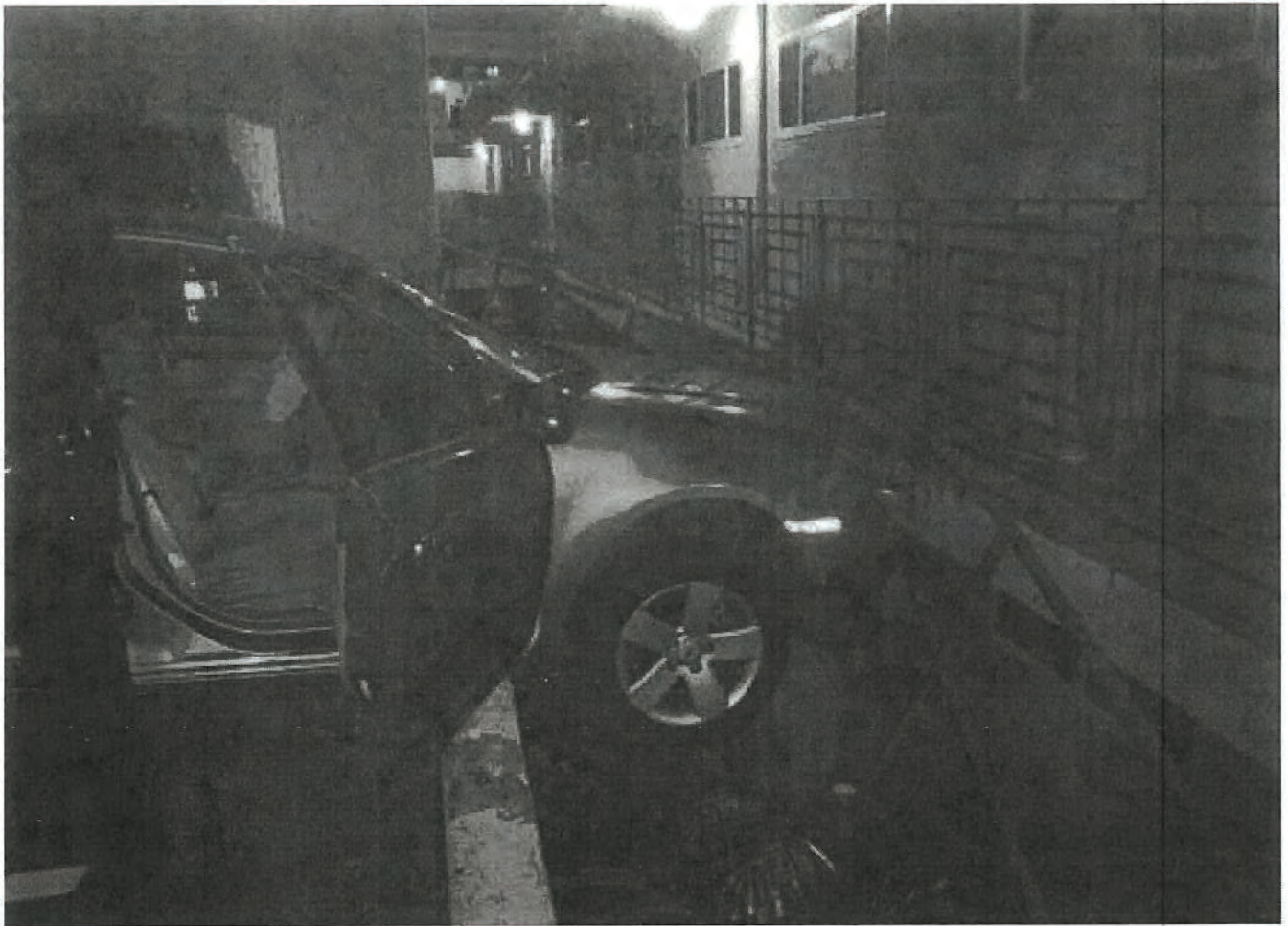
=====

LAST NAME:		FIRST NAME:		STATUS:	CLOSED
TITLE:	MR.			MI:	P
ADDRESS:					
CITY:	MONTEREY PARK	STATE:	CA	ZIP:	91754
HOME PHONE:					
MODEL YEAR:	2009	MODEL:	FUSION		
MILEAGE:	1				
DEALER NAME:	FORD OF MONTEBELLO	SALES CODE:	F71007	P & A:	03250
REASON CODE:	0799 ACCIDENT/PRODUCT LIABILITY				
SYMPTOMS:	612593 SURGE ACCELERATION ALL ENGINE TEMP				

ORIGIN: CRCBCP - TIER ONE - MELBOURNE COMMUNICATION: PHONE
ACTION: T1120 - TIER ONE CLOSE ISSUE
DOCUMENT: ANALYST: TCRESPOM CRESPO-MOLINA (TCRESPOM),TATIANA

DATE: 2012/06/28 TIME: 19.33.38:
ACTION DATA/COMMENTS:

*CUST SAYS*1. DATE OF THE ACCIDENT-JUNE 3RD, 20122. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT-BRAKES DIDNT STOP VEH, INSTEAD ACCELERATED3. IF THERE WERE ANY INJURIES SUSTAINED-YES, BRUISES ON HAND-MINOR INJURIES4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED-PARKING LOT AT CUST APARTMENT5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED.-YES6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE.-POLICE DIDNT INSPECT BRAKES, ONLY WHAT CUST STATED7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED. MONTEREY PARK8. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY.-YES, INSURANCE WILL COVER VEH BUT ARE PUTTING IT AS IF IT WERE CUST FAULT9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM.-VEH WAS TOTALED10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE.-NO, VEH WAS TOTALED11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE).-N/A12. WHAT THE CUSTOMER IS SEEKING -FORD TO INSPECT BRAKES IN CASE FUTURE INCIDENTS*INSURANCE COMPANY ADV CUST HE NEEDS TO MAKE DECISION -VEH IN MECHANIC -WHETHER TOWED TO FORD DLR OR WILL TAKE TO INSURANCE HANDS*CRC SAYS*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: USE CORRECT SYMPTOM FOR ALLEGED DEFECTIVE SYSTEM (FIRE/SMOKE AS SYMPTOM FOR ALL INCIDENCES INVOLVING VEHICLE FIRE). VERIFY CUSTOMER CONTACT INFORMATION AND DOCUMENT ALL REQUIRED INFORMATION OF INCIDENT/ACCIDENT PER AAF.-AS PER TL AMBER OPEN A LEGAL CASE-ADV CUST ABOVE





CITY OF TAMPA POLICE DEPARTMENT

From: DCPFORM, FMCDdealer (.)
Sent: Tuesday, August 23, 2016 10:27:49 AM (UTC-05:00) Eastern Time (US & Canada)
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: jbenson@billcurrie.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: Bill Currie Ford

Requesting Dealer Fleet: City Of Tampa police Dept

PA Code: 04945

Contact Person: John Benson

Title: Service Manager

Phone Number: 813-554-5336

Fax Number: 813-875-4424

Email: jbenson@billcurrie.com

Region: Orlando

Address: 5815 N Dale Mabry

City: Tampa

State: Florida

Zip Code: 33614

CUSTOMER VEHICLE INFORMATION:

Warranty Start Date: 09/10/2007

Vehicle Year: 2008

Vehicle Model: Fusion

Vehicle VIN: 3fahp07138r [REDACTED]

Mileage: 111,849

customer Fleet Name: City Of Tampa Police

Street Address: 411 Franklin St

City : Tampa

State : Florida

Zip Code : 33602

Home Phone: [REDACTED]

Work Phone: 813-276-3753

Customer Region: Orlando

DETAILS OF INCIDENT:

Accident

Date of Incident: 2016-08-16

County incident occurred: Hillsborough

Is customer alleging a component defect CAUSED the incident? YES

Details: Officer claims that he had to go around a loop and the brakes failed and he hit a pole

Was a police report filed? YES

Details : City of Tampa

Has the insurance company been contacted? NO

Insurance company advised: Self insured

Insurance company contact information:

Coach builder:

City :

State :

Zip Code :

Vehicle Location: Bill Currie Ford Body Shop 5815 N Dale Mabry Tampa Fl 33614

Attorney information:

CVO Contact:

Resolution Customer is seeking:

Comments: You may call me if you would like [REDACTED]

Copyright 2016 Ford Motor Company

[REDACTED]

[REDACTED]

From: DCPFORM, FMCDealer (.)
Sent: Tuesday, January 15, 2013 3:55 PM
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: dsanders@nplm.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: North Park Lincoln

Requesting Dealer Fleet: North Park Lincoln

PA Code: 11430

Contact Person: Dewayne Sanders

Title: Service Director

Phone Number: 210-341-8811

Fax Number: 210-525-1939

Email: dsanders@nplm.com

Region: Houston

Address: 9207 San Pedro Ave.

City: San Antonio

State: Texas

Zip Code: 78216

CUSTOMER VEHICLE INFORMATION:

WSD: 15-May-2008

Vehicle Year: 2008

Vehicle Model: Fusion

Vehicle VIN: 3FAHP07Z48F [REDACTED]

Mileage: 93000

customer Fleet Name: [REDACTED]

Street Address: [REDACTED]

City : San Antonio

State : Texas

Zip Code : [REDACTED]

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Customer Region: Houston

DETAILS OF INCIDENT:

Accident

Date of Incident: 2012-12-31

County incident occurred: Bexar

Is customer alleging a component defect CAUSED the incident? YES

Details: Cust. claims brakes failed after Master Cylinder replacement.

Was a police report filed? YES

Details : San Antonio, Tx.

Has the insurance company been contacted? YES

Insurance company advised: Unknown

Insurance company contact information: Nationwide. Agent Frank Soto 210-392-9104

Coach builder:

City :

State :

Zip Code :

Vehicle Location: Northside Ford Collision Center, San Antonio,Tx.

Attorney information:

CVO Contact:

Resolution Customer is seeking:

Comments:

Copyright 2013 Ford Motor Company

[REDACTED]

[REDACTED]

From: DCPFORM, FMCDDealer (.)
Sent: Monday, July 20, 2015 7:45:16 AM (UTC-05:00) Eastern Time (US & Canada)
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: dhmotor@aol.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: D and H Motors

Requesting Dealer Fleet: Dealer

PA Code: 13788

Contact Person: Brent

Title: Service Manager

Phone Number: 207-582-3860

Fax Number: 207-582-6852

Email: dhmotor@aol.com

Region: Boston

Address: 511 Water Street

City: Gardiner

State: Maine

Zip Code: 04345

CUSTOMER VEHICLE INFORMATION:

WSD: 06-26-10

Vehicle Year: 2009

Vehicle Model: MKZ

Vehicle VIN: 3lnhm28t89r [REDACTED]

Mileage: 51996

customer Fleet Name: [REDACTED]

Street Address: [REDACTED]

City : Farmingdale

State : Maine

Zip Code : [REDACTED]

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Customer Region: Boston

DETAILS OF INCIDENT:

Accident

Date of Incident: 2015-07-16

County incident occurred: USA

Is customer alleging a component defect CAUSED the incident? YES

Details: Car self accelerated as owner was braking and turning into their home driveway. As the brake was applied more, the car accelerated more. Car ran into a bush at end of driveway before stopping because owner was not expecting car to accelerate and did not react fast enough to avoid bush.

Was a police report filed? NO

Details :

Has the insurance company been contacted? YES

Insurance company advised: Insurance company has sent an adjustor out and a repair estimate has been written for body damage. Estimate will be forwarded to us this week. I assume insurance company will cover body damage unless otherwise advised.

Insurance company contact information: State Farm Insurance 30 Bangor Street Augusta, ME 04345 Dennis Keller - Agent 207-623-3344

Coach builder:

City :

State :

Zip Code :

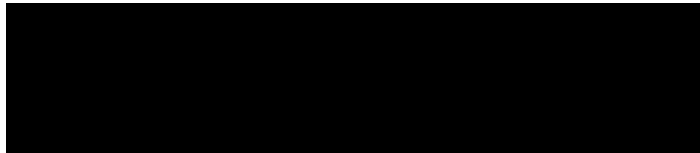
Vehicle Location: At dealership for repairs D & H Motors 511 Water Street Gardiner, ME 04345

Attorney information: None

CVO Contact:

Resolution Customer is seeking: Car to be repaired so that the engine will not self accelerate when braking again in the future.

Comments: Customer sure did not step on gas and brake at same time. Floor mats were in place. Car was left in bush until tow truck arrived. Tow truck driver started car and backed out of bush. Car loaded on flat bed and dropped off for repairs. Did under hood visual. Did Key on, Continuous memory, and engine run self test - all passed. No obvious condition that caused self acceleration. Wrote tech hotline - advised contact you. Where do we go from here? Please advise as to what to do next. Car will not be touched or repaired until we have contact and advise from you. Brent - Service Manager



UNGARINO & ECKERT, L.L.C.

ATTORNEYS AT LAW

NEW ORLEANS OFFICE

3850 N. CAUSEWAY BLVD., SUITE 1280
METAIRIE, LOUISIANA 70002

LOUISIANA OFFICES

New Orleans Baton Rouge
Shreveport Lafayette

MISSISSIPPI OFFICES

Jackson Gulfport

MATTHEW J. UNGARINO
WILLIAM H. ECKERT ‡
WAYNE R. MALDONADO
EMILE A. BAGNERIS III
BRIAN D. SMITH *
MICHAEL J. TARLETON ‡
DAVID I. BORDELON
IMELDA T. FRUGÉ, R.N.
JAMES M. BENSON

J. MICHAEL NASH
PHILIP E. ROBERTS
KELLY O. THIBEAUX
DANIEL G. COLLARINI

SPECIAL COUNSEL
RHONDA J. THOMAS, R.N. ‡
ARTHUR E. GARITTY

WRITER'S DIRECT DIAL: (504) 836-7556

FAX: (504) 836-7566

E-MAIL: beckert@ungarino-eckert.com

January 10, 2014

* Admitted in Louisiana & Texas
‡ Admitted in Louisiana & Mississippi
All Others Admitted in Louisiana

Via Certified Mail-Return Receipt Requested [REDACTED]

Ford Motor Company
Through Its Agent for Service
CT Corporation System
5615 Corporate Blvd., Suite 400B
Baton Rouge, LA 70808

Re: [REDACTED] et al. v. Giles Automotive, Inc., et al.
15th JDC, Case No. [REDACTED]
Our File No. [REDACTED]

To Whom It May Concern:

I have the pleasure of representing Giles Automotive, Inc. in the above captioned matter. On behalf of Giles Automotive, Inc., we are tendering the defense and indemnity to Ford Motor Company for the following reasons:

- a) The brake system of said vehicle, a 2008 Ford Fusion was unreasonably dangerous in construction and/or composition (LA R.S. 9:2800.55);
- b) The brake system of said vehicle, a 2008 Ford Fusion was unreasonably dangerous in design. (LA R.S. 9:2800.56)
- c) The brake system of said vehicle, a 2008 Ford Fusion was unreasonable dangerous because adequate warning about the product were not provided. (LA R.S. 9:2800.57(A));
- d) The brake system of said vehicle, a 2008 Ford Fusion was unreasonably dangerous because of failure to use reasonable care to provide an adequate warning of a characteristic and its danger to users and handlers of the product. (LA R.S. 9:2800.57(C)); and

- e) The brake system of said vehicle, a 2008 Ford Fusion was unreasonably dangerous because they did not conform to an express warranty of the manufacturer. (LA R.S. 9:2800.58).

There were seven reported complaints lodged with the National Highway Traffic Safety Administration regarding brake issues on 2008 Ford Fusion vehicles during a 2½ year period (06/26/2010–12/18/2012).

Enclosed please find a copy of the Petition. Also attached is a copy of the police report.

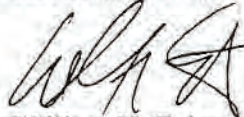
Please respond to this tender within fifteen (15) days to avoid unnecessary pleadings and discovery.

Plaintiff purchased this vehicle from Giles Automotive.

Please correspond with my office via e-mail only, as we are a paperless firm.

With kind regards, I remain

Sincerely yours,



William H. Eckert

WHE/lmb
Enclosures

██████████ ET. AL. CIVIL DOCKET NO. ██████████
VERSUS
15TH JUDICIAL DISTRICT COURT
GILES AUTOMOTIVE, INC., ET. AL. LAFAYETTE PARISH, LOUISIANA

PETITION FOR DAMAGES

The Petition of ██████████ a resident and domiciliary of lawful age of Lafayette Parish, State of Louisiana, and AIMEE MANAGAN GREENWOOD, a resident and domiciliary of Lafayette Parish, State of Louisiana, with respect represent the following, to-wit:

1.

Made defendant herein are:

1. GILES AUTOMOTIVE, INC., a corporation incorporated under the laws of the State of Texas, but whose principal place of business is located in Lafayette Parish, State of Louisiana, and whose Officers reside and/or are domiciled in Lafayette Parish, State of Louisiana and who has appointed its President, Robert E. Giles, 6137 Johnston Street, Lafayette, LA 70503 as agent for service of process; and
2. VICTOR MOUILLET, a resident and domiciliary of lawful age, of Lafayette Parish, State of Louisiana; and
3. ABC INSURANCE COMPANY, an insurance company whose name and status are currently unknown but who, based on information and belief, and it is therefore alleged, had issue a policy of insurance relative to the actions of Defendants, GILES AUTOMOTIVE, INC., and VICTOR MOUILLET complained of hereinafter which policy provided coverage to your Petitioners for the damages sustained by them.

2.

Defendants, GILES AUTOMOTIVE, INC., VICTOR MOUILLET and ABC INSURANCE COMPANY, are liable jointly and in solido, unto your Petitioners for the reasons more fully set forth hereinbelow.

3.

Your Petitioner, ██████████ purchased a 2008 Ford Fusion from Defendant, GILES AUTOMOTIVE, INC. on January 22, 2011 for the price of \$19,821.62.

4.

At the time of and in addition to the purchase of the aforescribed automobile, your Petitioner, ██████████ purchased from Defendant, GILES AUTOMOTIVE, INC., an extended warranty, covering said vehicle for 100,000 miles.

LAW OFFICES
OF
CHRISTIAN M. GOUVERAU
A PROFESSIONAL LAW
CORPORATION
601 N. MAUNDT STREET
LAFAYETTE, LA 70503
TELEPHONE
(504) 483-6780
FAX
(504) 483-1044

5.

On or about March 1, 2012, your Petitioner, [REDACTED] began experiencing problems with the brakes of her vehicle, the 2008 Ford Fusion earlier purchased from Defendant, GILES AUTOMOTIVE, INC., and, under the terms of her extended warranty, took her vehicle to Defendant, GILES AUTOMOTIVE, INC.'s place of business for repairs, whereupon she explained in detail to Defendant, VICTOR MOUILLET, what problems she was having with her brakes.

6.

On March 5, 2012, when Petitioner, [REDACTED] retrieved her vehicle, she was told by Defendant, VICTOR MOUILLET, that everything was fine with the brakes on her vehicle.

7.

On or about March 13, 2012, your Petitioner, [REDACTED] began experiencing the same problems with her brakes that had prompted her to bring her vehicle in for repair on March 2, 2012. She again spoke with Defendant, VICTOR MOUILLET, and again explained in detail the problems which she was experiencing with the brakes.

8.

On March 16, 2012, when your Petitioner, [REDACTED] again retrieved her vehicle, she was told by Defendant, VICTOR MOUILLET, that he had personally seen about and taken care of the issue with her brakes and that same were fine.

9.

At all times relevant herein, Defendant, VICTOR MOUILLET, was acting in the course and scope of his employment with Defendant, GILES AUTOMOTIVE, INC.

10.

On March 23, 2012, while your Petitioner [REDACTED] was operating her vehicle on Johnston Street and as she was nearing its intersection with St. Julien Street, she applied her brakes, which failed completely, causing her to collide with another vehicle.

11.

At the time of the aforescribed collision, your Petitioner, [REDACTED] was a passenger in the 2008 Ford Fusion owned and operated by your Petitioner, [REDACTED]

LAW OFFICES
OF
CHRISTIAN M. GOUDEAU
A PROFESSIONAL LAW
CORPORATION
4750 MARNEY STREET
CHICAGO, ILL. 60630
TELEPHONE
(800) 943-1070
FAX
(312) 943-1071

12.

As a result of the collision aforesaid, your Petitioners, [REDACTED] and [REDACTED] both sustained damages, including painful and debilitating injuries to their persons, as well as special and other pecuniary damages, as will be shown to this Honorable Court at the trial of this matter.

13.

The collision described hereinabove and the damages sustained by your Petitioners, [REDACTED] were due solely to the negligence of Defendants, GILES AUTOMOTIVE, INC. and its employees, including Defendant, VICTOR MOUILLET, in failing to properly address and repair the problems which your Petitioner [REDACTED] was experiencing with the brakes on her vehicle.

14.

Additionally, the persistent failure of Defendants, GILES AUTOMOTIVE, INC. and VICTOR MOUILLET, to address and repair the said brake problems constitutes a deliberate or, in the alternative, a negligent breach of the extended warranty which your Petitioner, [REDACTED] had purchased from Defendant, GILES AUTOMOTIVE, INC.

15.

ABC INSURANCE COMPANY had issued a policy of public liability insurance, which policy insured Defendant, GILES AUTOMOTIVE, INC., and its employees, including Defendant, VICTOR MOUILLET, against the acts as set forth herein and according to information and belief, and it is therefore alleged, the said policy was in full force and effect at all times relevant herein.

16.

Because of want of means, your Petitioners, [REDACTED] are unable to pay costs of this suit in advance or post bond for payment thereof, and, therefore, are entitled to and desire to proceed in Forma Pauperis, pursuant to the provisions of Louisiana Code of Civil Procedure Articles 5158 through 5188.

17.

Petitioners aver amicable demand to no avail.

LAW OFFICE
OF
KRISTIAN M. COUGOU
A PROFESSIONAL LAW
CORPORATION
401 N. WARRIOR STREET
LAFAYETTE, LA 70501
TELEPHONE
(504) 484-1111
FAX
(504) 484-1111

WHEREFORE, your Petitioners, [REDACTED]

[REDACTED] pray that the Defendants, GILES AUTOMOTIVE, INC., VICTOR MOUILLET, and ABC INSURANCE COMPANY, be served with a copy of this Petition and be duly cited to appear and answer same.

Petitioner [REDACTED] further prays that after due proceedings had herein, there be judgment in her favor and against the Defendants, GILES AUTOMOTIVE, INC., VICTOR MOUILLET, and ABC INSURANCE COMPANY, jointly and in solido, in an amount to be determined by this Honorable Court, sufficient to compensate her for her losses and damages, both special and general, as hereinabove alleged and as will be proved at trial, together with legal interest thereon, from date of judicial demand until fully paid.

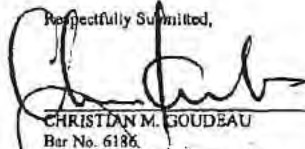
Petitioner, [REDACTED] further prays that after due proceedings had herein, there be judgment in her favor and against the Defendants, GILES AUTOMOTIVE, INC., VICTOR MOUILLET, and ABC INSURANCE COMPANY, jointly and in solido, in an amount to be determined by this Honorable Court, sufficient to compensate her for her losses and damages, both special and general, as hereinabove alleged and as will be proved at trial, together with legal interest thereon, from date of judicial demand until fully paid.

Petitioners, [REDACTED] further pray that they be allowed to institute and prosecute their claims under the Louisiana Pauper Statute, without the necessity of advancing costs or posting a bond as security therefor.

Petitioners further pray that Defendants be cast with all costs of these proceedings.

Petitioners finally pray for all further relief which may to this Honorable Court, seem just and equitable under the premises.

Respectfully Submitted,



CHRISTIAN M. GOUDEAU

Bar No. 6186

A Professional Law Corporation

Attorney for Petitioners

407 N. Market Street

Opelousas, Louisiana 70570

Telephone (337) 942-5766

LAW OFFICES
OF
CHRISTIAN M. GOUDEAU
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(337) 942-1274

██████████ T. AL. CIVIL DOCKET NO. _____
VERSUS 15TH JUDICIAL DISTRICT COURT
GILES AUTOMOTIVE, INC., ET. AL. LAFAYETTE PARISH, LOUISIANA

SERVICE INSTRUCTIONS

Please Serve Defendants:

- 1) GILES AUTOMOTIVE, INC.
Through its Agent for Service of Process:
Robert E. Giles
6137 Johnston Street
Lafayette, LA 70503
- 2) VICTOR MOUILLET,
At his place of employment:
6137 Johnston Street
Lafayette, LA 70503
- 3) ABC INSURANCE COMPANY,
Service instructions will be given at a later date.

LAW OFFICES
OF
CHRISTIAN M. GOUDEAU
A PROFESSIONAL LAW
CORPORATION
107 N. MARKET STREET
OPRELOUS, LA 70070
TELEPHONE
(504) 884-1100
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(504) 842-1014

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

120323071850523

TOTAL NUMBER OF
VEHICLES INVOLVED **2**

DATE OF CRASH: 03232012 TIME (0000): 0901 DISTRICT/ZONE: 002 TROOP:
 PARISH: LAFAYETTE PARISH CODE: 28 CITY OR TOWN: LAFAYETTE CITY CODE: 4
 LAT. 30.21146 LONG. 92.02634
 Quadrant: NW SW NE SE Service Road: N E S W
 12-91258
 CRASH OCCURRED ON:
 A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD G. PRIVATE PROPERTY H. TOLL ROAD
 B
 HIGHWAY # 167 MILEPOST 19.1 ROADWAY NAME 1900 JOHNSTON ST
 DISTANCE 0 MILES 0 FEET NE SW
 DISTANCE 0 MILES 0 FEET NE SW
 STREET/HIGHWAY 100 SAINT JULIEN
 AT INTERSECTION NOT AT INTERSECTION
 STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION
 WORK ZONE NOT BURNED
 PUBLIC PROPERTY DAMAGE PHOTOS MADE
 FBI TRAIN INVOLVED FATALITY
 PED INJURY

WRITE APPROPRIATE LETTER IN BLOCK CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) A DRY B WET C SNOW/SLEET D ICE E CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) F UNKNOWN Z OTHER	ROADWAY CONDITIONS A NO ABNORMALITIES B SHOULDER ABNORMALITY C HOLES D DEEP RUTS E BUMPS F LOOSE SURFACE MATERIAL G CONSTRUCTION, REPAIR H OVERHEAD CLEARANCE LIMITED I CONSTRUCTION - NO WARNING J PREVIOUS CRASH K WATER ON ROADWAY L ANIMAL IN ROADWAY M OBJECT IN ROADWAY Z OTHER	TYPE OF ROADWAY B ONE-WAY ROAD C TWO-WAY ROAD WITH NO PHYSICAL SEPARATION D TWO-WAY ROAD WITH A PHYSICAL SEPARATION E TWO-WAY ROAD WITH A PHYSICAL BARRIER F UNKNOWN Z OTHER	ALIGNMENT A STRAIGHT-LEVEL B STRAIGHT-LEVEL ELEVATED C CURVE-LEVEL D CURVE-LEVEL ELEVATED E ON GRADE-STRAIGHT F ON GRADE-CURVE G HILLCREST-STRAIGHT H HILLCREST-CURVE I DIP, HUMP-STRAIGHT J DIP, HUMP-CURVE K UNKNOWN Z OTHER	PRIMARY FACTOR B VIOLATIONS C MOVEMENT PRIOR TO CRASH D VISION OBSCUREMENTS E CONDITION OF DRIVER F VEHICLE CONDITIONS G ROAD SURFACE H ROADWAY CONDITION I LIGHTING J WEATHER K TRAFFIC CONTROL L KIND OF LOCATION M CONDITION OF PEDESTRIAN N PEDESTRIAN ACTIONS
WEATHER A CLEAR B CLOUDY C RAIN D FOG/SMOKE E SLEET/HAUL F SNOW G SEVERE CROSSWIND H BLOWING SAND, SOIL I DIRT, SNOW J UNKNOWN Z OTHER	KIND OF LOCATION B MANUFACTURING OR INDUSTRIAL C BUSINESS CONTINUOUS D BUSINESS, MIXED RESIDENTIAL E RESIDENTIAL DISTRICT F RESIDENTIAL SCATTERED G SCHOOL OR PLAYGROUND H OPEN COUNTRY Z OTHER	RELATION TO ROADWAY A ON ROADWAY B SHOULDER C MEDIAN D BEYOND SHOULDER - LEFT E BEYOND SHOULDER - RIGHT F BEYOND RIGHT OF WAY G DOVE H UNKNOWN Z OTHER	ACCESS CONTROL A NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B PARTIAL CONTROL C LIMITED ACCESS TO ROADWAY D FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) E UNKNOWN Z OTHER	LIGHTING A DAYLIGHT B DARK - NO STREET LIGHTS C DARK - CONTINUOUS STREET LIGHT D DARK - STREET LIGHT AT INTERSECTION ONLY E DUSK F DAWN G UNKNOWN Z OTHER

VEHICLE CONFIGURATION

A PASSENGER CAR	B L.T. TRUCK (P.U., ETC.)	C VAN	D BUS	E MOTORCYCLE	F PEDALCYCLE	G OFF-ROAD VEHICLE	H SCHOOL BUS	I SINGLE UNIT TRUCK W/2 AXLES	J SINGLE UNIT TRUCK W/3 AXLES OR MORE	K TRUCK TRAILER	L TRUCK DOUBLE	M TRACTOR	N FARM EQUIPMENT	O MOTOR HOME	P OTHER
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CARGO BODY TYPE

A BUS	B VAN/ENCLOSED BOX	C CARGO TANK	D FLATBED	E DUMP TRUCK/ TRAILER	F CONCRETE MIXER	G AUTO TRANSPORTER	H LOG TRUCK/ TRAILER	I GARBAGE/ REFUSE	J HOPPER	K POLE TRAILER	L NO CARGO BODY	M OTHER
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TIME CALLED: AMBULANCE ARRIVED SCENE: DEPARTED SCENE: ARRIVED HOSPITAL: TIME CALLED: RESCUE UNIT: ARRIVED SCENE: FIRE DEPARTMENT:

NAME OF AGENCY: LAFAYETTE CITY POLICE TIME OF NOTIFICATION: 0905 TIME OF ARRIVAL: 0919 TIME ALL LANES OPENED: 0921
 INVESTIGATING POLICE AGENCY: B A. STATE B. CITY C. PARISH D. OTHER
 DATE REPORT COMPLETED: 03232012
 ANDERSON, CHRISTOPHER INVESTIGATING OFFICER'S NAME (PRINT)
 SIGNATURE: Chris Anderson
 BADGE #: 13422 SUPERVISOR'S INITIALS OR BADGE: RCR
 DPSP 3105 (REV. JAN. 2005)

ANDERSON, CHRISTOPHER revised this page on 11062013 as part of revision 1, approved by Soileau, Billy.

120323071850523

COMPUTER NUMBER PAGE #

02

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

12-91258

1 VEH OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES
A X see page 1 for selections 2008 FORD FUSION 4 2 4

3FAHP07Z28R VEHICLE TOWED A A YES B NO C LEFT AT SCENE REMOVED BY GUYS

YEAR STATE NUMBER TYPE PRIVATE 0 REASON TOWED
2013 LA 0 A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
2. OTHERYEAR MAKE TYPE YEAR STATE NUMBER
0 NONE 0

COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE X

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, A HAZARDOUS MATERIAL, OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

CARRIER NAME

STREET ADDRESS CITY STATE ZIP

INTERSTATE CAUSING TRANSPORTING HAZARDOUS MATERIAL CLASS ID# PLACARDS DISPLAYED HAZ MAT RELEASED

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN

DATE OF BIRTH 05131992

STREET ADDRESS TELEPHONE

CITY CARENCR STATE LA ZIP

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION

LA E TRANSPORTED TO MEDICAL FACILITY A YES C REFUSED AND B NO Y UNKNOWN

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX RACE AGE INJURY CODE

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)

X STREET ADDRESS TELEPHONE

CITY CARENCR STATE LA ZIP

INSURANCE CO. NAME STATE FARM POLICY NUMBER EXPIRATION DATE 07132012

AGENT'S NAME/ADDRESS NONE PHONE

CODES

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	DEPLOYED	RESTRRAINT PROTECTION	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	A - NOT EJECTED	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	D - UNKNOWN	D - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE				E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE				F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)				G - HELMET USED	
H - THIRD ROW-MIDDLE				H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					
J - SLEEPER SECTION OF CAB (TRUCK)					
K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)					
L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)					
M - PASSENGER ON TRAILER OR STREETCAR					
N - TRAILING UNIT					
O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					
P - UNKNOWN					

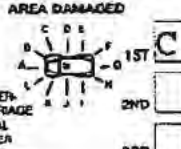
WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

12-91258

VISION OBSCUREMENTS N A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILL/CREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER	CONDITION OF DRIVER/PEDESTRIAN A A. NORMAL B. DATTENTIVE C. DISTRACTED D. BLISS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. BROODING ALCOHOL - IMPAIRED H. BROODING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMBS) Y. UNKNOWN Z. OTHER	SEQUENCE OF EVENTS/HARMFUL EVENTS NON-COLLISION A. OVERTRUCK/ROLL-OVER B. FIRE/EXPLOSION C. GASEXPOSURE D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/CLIMBED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. DEREGISTRATION OF LUNTS OR TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT O. PEDESTRIAN P. BICYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING, CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT COLLISION WITH FIXED OBJECT X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC SUPPORT II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POLE, POST, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN 1st S 2nd 3rd 4th MOST HARMFUL EVENT S	
VIOLATION U A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WINDY LAKE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER	DRIVER DISTRACTION E A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN	MOVEMENT PRIOR TO CRASH B A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LAKE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN	
TRAFFIC CONTROL C A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER	REASON FOR MOVEMENT M A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO MOVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER	VEHICLE CONDITION A A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER VEHICLE LIGHTING Y A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN TRAFFIC CONTROL CONDITIONS A A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LAKE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN	ALCOHOL/DRUG INVOLVEMENT A ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN ALCOHOL B A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAG DRUGS A A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE) AFFIX BLOOD ALCOHOL KIT LABEL HERE (OR ENTER BLOOD ALCOHOL KIT NUMBER)

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
W NE SW	JOHNSTON	ON ROADWAY	UNK	40	0	0	0	0	0

DAMAGE TO VEHICLE	
AREA DAMAGED	EXTENT OF DEFORMITY
 A. UNDER CARRIAGE B. TOTAL C. OTHER D. NONE Y. UNKNOWN	A. NONE B. VERY MINOR C. MINOR D. MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN
1ST C	1ST C
2ND	2ND
3RD	3RD

NOTICE OF INSURANCE VIOLATION	VEH PED	RS, OR, OR, NO

COMPUTER NUMBER

PAGE 1

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

12-91258

0-5

2 VIN # OR PEDESTRIAN

CONF A CARGO BODY TYPE X see page 1 for selections YEAR 2006 MAKE TOYOTA MODEL SCIO # DOORS 2 # AXLES 2 # TIRES 4

PLATE JTKDE167260

VEHICLE TOWED B A YES B NO C LEFT AT SCENE REMOVED BY DRIVER

YEAR 2013 STATE LA NUMBER PRIVATE

OVERSICHT 0

REASON TOWED
A VEHICLE DAMAGE
B DRIVER ARRESTED
C INSURANCE VIOLATION
Z OTHER

YEAR 0 MAKE NONE TYPE

YEAR 0 STATE NUMBER

VEHICLE TYPE
COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE X

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCIAL/BUSINESS, IT HAS A GROSS WEIGHT EXCESS OF 10,000 LBS, OR HAS A HAZARD PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

US DOT #

CARRIER NAME

REG/REG-PLATE #

STREET ADDRESS CITY STATE ZIP

INTERSTATE CARRIER Y/N TRANSPORTING HAZARDOUS MATERIAL Y/N CLASS ID# PLACARDS DISPLAYED Y/N HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN

STREET ADDRESS

TELEPHONE #

CITY DUSON

STATE LA

ZIP

AAABDFW19E

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

LA E

INSTRUCTED TO EXCHANGE INFORMATION

TRANSPORTED TO MEDICAL FACILITY
A YES C REFUSED AID
B NO Y UNKNOWN

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX RACE AGE INJURY CODE

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)

STREET ADDRESS

TELEPHONE #

CITY PRAIRIEVILLE

STATE LA

ZIP

INSURANCE CO. NAME AMERICA FIRST
NOT AGENCY NAME

POLICY NUMBER

EXPIRATION DATE 08172012

AGENT'S NAME/ADDRESS NONE

PHONE # 225-408-3333

CODES						
SEATED POSITION	DIRECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE	A - FATAL	
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TRAPPED/EXTRICATED	B - NON-DEPLOYED	B - OCCUPANT	B - INCAPACITATING/SEVERE	
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - TRAPPED/NOT EXTRICATED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE	
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREET CAR	D - NOT TRAPPED	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT	
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	E - TRAPPED/NOT EXTRICATED	E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY	
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	F - TRAPPED/NOT EXTRICATED	F - UNKNOWN	F - CHILD SAFETY SEAT USED		
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	P - UNKNOWN	G - TRAPPED/NOT EXTRICATED	G - UNKNOWN	G - HELMET USED		
H - THIRD ROW-MIDDLE		H - TRAPPED/NOT EXTRICATED	H - UNKNOWN	H - RESTRAINT USE UNKNOWN		
I - THIRD ROW-RIGHT SIDE		I - TRAPPED/NOT EXTRICATED	I - UNKNOWN			

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

12-91258

VISION OBSCUREMENTS N A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HOLLOWEST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDING BY HEADLIGHTS L. BLINDING BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER		CONDITION OF DRIVER/PEDESTRIAN A A. NORMAL B. DATTENTIVE C. DISTRACTED D. BLINDNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRIVING ALCOHOL - SOBERED H. DRIVING ALCOHOL - NOT SOBERED I. DRUG USE - SOBERED J. DRUG USE - NOT SOBERED K. PHYSICAL IMPAIRMENT - (YES, CA, LAM) Y. UNKNOWN Z. OTHER		SEQUENCE OF EVENTS/HARMFUL EVENTS NON COLLISION A. OVERTURN/ROLL-OVER B. FIRE/EXPLOSION C. JACKSON D. JACKPOT E. CARD/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD FRONT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUMORAY N. OTHER NON-COLLISION COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT O. PEDESTRIAN P. BICYCLE Q. RAILWAY VEHICLE (TRAIL, EXCONE) R. ANIMAL COLLISION WITH FIXED OBJECT S. IMPACT ATTENUATOR/CRASH CUSHION T. BRIDGE OVERHEAD STRUCTURE U. BRIDGE PIER OR SUPPORT V. BRIDGE RAIL W. CULVERT X. CURB Y. DITCH Z. EMBANKMENT AA. GUARDRAIL END AB. GUARDRAIL END AC. CONCRETE TRAFFIC SUPPORT AD. OTHER TRAFFIC BARRIER AE. TREE (STANDARD) AF. UTILITY POLE/LIGHT SUPPORT VIOLATION U A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING STATE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISOBEYED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PASSING O. FAILED TO GET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER		REASON FOR MOVEMENT P A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PREVENTION CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER		MOVEMENT PRIOR TO CRASH I A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN) AT INTERSECTION H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN		VEHICLE CONDITION K A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. EXHAUST FAILURE J. DEFECTIVE DISPERDICH K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER		ALCOHOL/DRUG INVOLVEMENT A ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, SAC DRUGS A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)		TRAFFIC CONTROL E A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING SIGN M. RR CROSSING SIGNAL N. RR CROSSING NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. SIDE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER		PEDESTRIAN ACTIONS A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER		VEHICLE LIGHTING Y A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN TRAFFIC CONTROL CONDITIONS A A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN		VEHICLE DAMAGE AREA DAMAGED A. FRONT B. REAR C. SIDE D. UNDERCARRIAGE E. TOTAL F. OTHER G. NONE Y. UNKNOWN EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MODERATE/SEVERE E. SEVERE F. VERY SEVERE Y. UNKNOWN	
---	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	---	--	--	--	--	--

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
W N E S	JOHNSTON	MOVED	UNK	UNK	40	0	0	0	0

DAMAGE TO VEHICLE	
AREA DAMAGED A. FRONT B. REAR C. SIDE D. UNDERCARRIAGE E. TOTAL F. OTHER G. NONE Y. UNKNOWN	EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MODERATE/SEVERE E. SEVERE F. VERY SEVERE Y. UNKNOWN

CLATION NO.	VEH. PED.	B.S. OR CRD. NO.

NOTICE OF INSURANCE VIOLATION

CA

INVESTIGATING OFFICER'S INITIALS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
ADDITIONAL OCCUPANT SUPPLEMENT

COMPUTER NUMBER

PAGE #

07

12-91258

VEH # 2	OCCUPANT'S NAME (LAST, FIRST, MI) [REDACTED]	<table border="1"> <tr> <td>POC TOL</td> <td>LOC TOL</td> <td>TRAP EXTN CATED</td> <td>AB BAG</td> <td>OC PROT EYE</td> <td>SES BAG</td> <td>AGE</td> <td>HAIR</td> </tr> </table>	POC TOL	LOC TOL	TRAP EXTN CATED	AB BAG	OC PROT EYE	SES BAG	AGE	HAIR
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STREET ADDRESS 6318 TIMBERRIDGE		<table border="1"> <tr> <td colspan="8">CAABDMW18E</td> </tr> </table>	CAABDMW18E							
CAABDMW18E										
CITY PRAIRIEVILLE		TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN								
STATE LA ZIP 70737		B. NAME OF FACILITY								

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CA

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

PAGE #

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

08

REFER TO EACH BY VEHICLE NUMBER 12-91258

Driver # 1 stated she was traveling on Johnston St in the right lane. Driver #1 stated as she approached the intersection of Johnston St and St Julien. Driver #1 stated she applied her brakes and they failed to work. Driver #1 stated her vehicle then collided into vehicle #2 who was making a left turn in front of her.

Driver #1 stated she had brought the vehicle in for repairs in the past for the brakes.

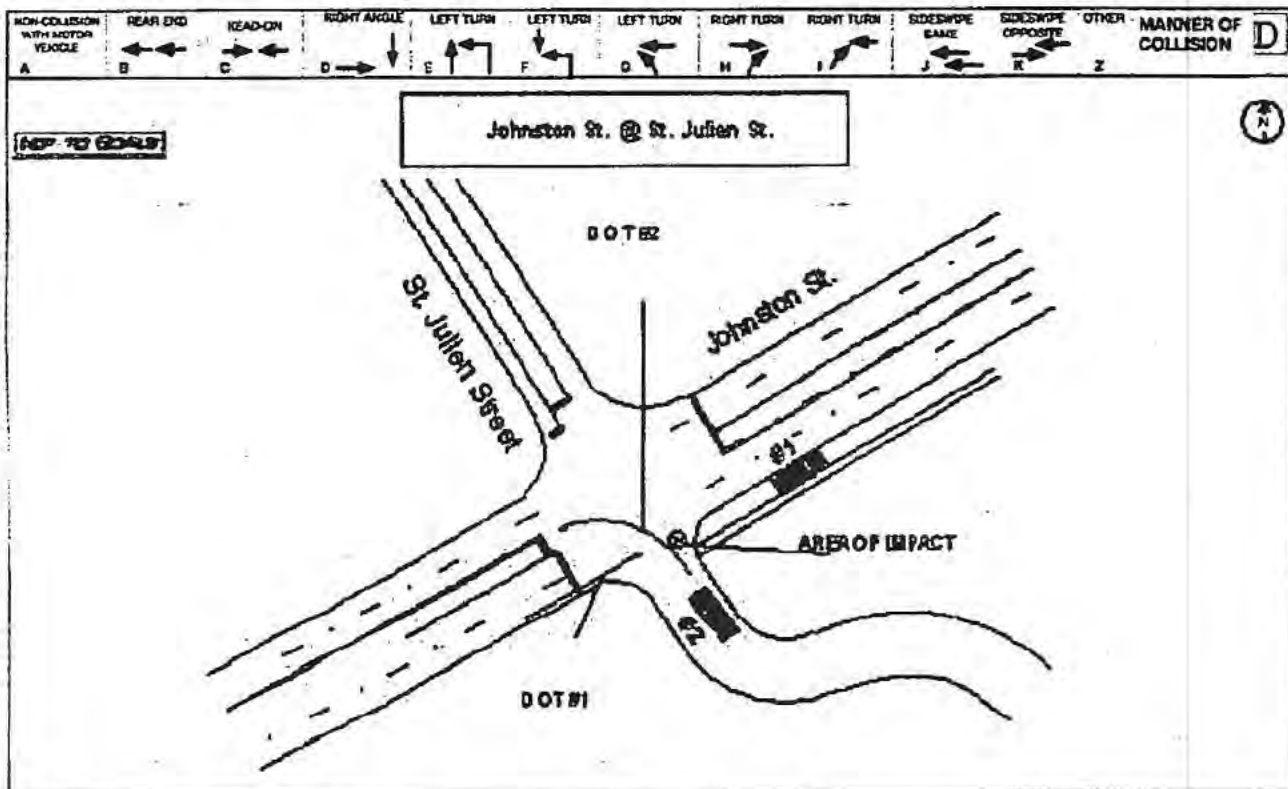
Driver #2 stated she was making a left turn from St. Julien St onto Johnston St. Driver #2 stated vehicle #1 collided into her vehicle.

I checked the brakes in vehicle #1 and they did not work properly.

No citations were issued due to the malfunction of vehicle #1.

No injuries or witnesses on scene.

Statements obtained



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER

PAGE #

12-91258

DATE 3/23 TIME 9:00 PLACE Thurston 2 St. Julien
I, [REDACTED] AM 19 YEARS OF AGE,
MY ADDRESS IS [REDACTED] Duxon, LA [REDACTED]
AND MY TELEPHONE NUMBER IS [REDACTED]

I was driving on St. Julien, about to take a left
on a green light and the car stopped at the light
in Thurston went on a red light so I hit her.

DRIVERS INJURIES: None

RECEIVED/SENT

PASSENGERS: (1) [REDACTED]

AGE 18

SITTING POSITION Passenger

ADDRESS [REDACTED] Prairieville, LA

MF--- BLACK OR WHITE OR HISPANIC

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT
ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: [REDACTED]

OFFICER TAKING STATEMENT: Cpl C Anderson #422

SIGNATURE: C. Anderson 422

INVESTIGATING OFFICER'S INITIALS C.A.

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER

PAGE #

1	2	3	4	5	6	7	8	9	0
1251255									

DATE FRIDAY MARCH 27:12 TIME 9:20 PLACE JOHNSON ST.
I, [REDACTED] AM [REDACTED] YEARS OF AGE
MY ADDRESS IS [REDACTED] CARENOR, LA [REDACTED]
AND MY TELEPHONE NUMBER IS [REDACTED]

I WAS ON JOHNSON ST. GOING TOWARDS UL ALICE AVE I
got a red light and attempted to stop my breaks I
like they were going to stop but didn't. My car was
brought to giles Nissan twice within the last month for
~~brake~~ problems and car idling up problems
brake

SCANNED/SENT

DRIVERS INJURIES:

PASSENGERS:

AGE (1) NO [REDACTED]

SITTING POSITION DRIVER [REDACTED]

ADDRESS 1 HAWK ST, LA [REDACTED]

M/F --- BLACK OR WHITE OR HISPANIC [REDACTED]

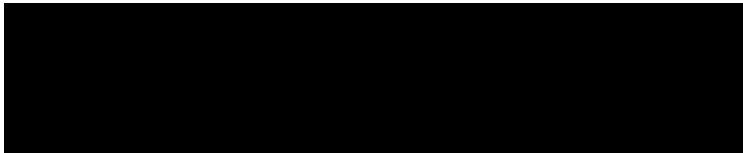
THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT
ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: X [REDACTED]

OFFICER TAKING STATEMENT: Cpl C Anderson #422

SIGNATURE: [Signature]

INVESTIGATING OFFICER'S INITIALS C.P.



Case Print Report

Case Number [REDACTED]

Case Opened Date 12/29/2016 4:40 PM

Case Closed Date 12/29/2016 4:53 PM

Case Status Resolved

Case Last Modified 12/29/2016 4:53 PM

Responsible Team Tier 1 Inbound

Case Classification Legal > Alleged Accident/Property Damage or Fire (Visible flames) due to Product Defect > Customer does not have insurance > Requests Financial Assistance

Customer Name [REDACTED]

Customer Number [REDACTED]
[REDACTED]

RAYNHAM

MA [REDACTED]

Email [REDACTED]

Dealer

VIN 3FAHP07Z77R [REDACTED]

Year 2007

Make FORD

Model FUSION

Body Style P07 - SE 4-DR SEDAN

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Brake

Level 4 Power Function

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

DEC 30 2016

OFFICE OF THE,
GENERAL COUNSEL

Case Print Report

Case Number [REDACTED]

Agent Name	Note Created On
------------	-----------------

Danielle Slomka

12/29/2016 4:52 PM

Cust says:

Cust daughter was in a car accident due brakes not working properly, vehicle was totaled.

Cust says, DLR says:

CRC advised:

Brittney Fisher

1. Has the customer filed a claim with their insurance company? (Yes or No) Does not have collision.
 - o If NO - advise customer to contact their insurance company. No further questions are needed an escalation to OGC will not occur).
 - o If YES – continue with remaining questions
2. If a claim has been filed with their insurance company, what is the status of the claim? Does not
3. Is the vehicle repairable? NO
4. Were any injuries sustained? If yes, provide the first and last name of all injured parties. Brittan Fisher sustained a concussion. Had whiplash, had burning of fingers from airbag deployment.
5. What are you seeking from Ford Motor Company? Reimbursement for the vehicle lost.
6. What was the date of the accident? November 14, 2016 at 5:03 pm.
7. What product defect is alleged to have caused the accident? Brakes would not work on the vehicle.
8. What is the city and state where the accident occurred? Raynham, MA
9. Was a police report filed? YES.
10. If a police report was filed, what were the findings? No one was at fault, car would not stop.
11. What is the police report number and in what city and county was the report filed?
CAD incident number [REDACTED] Raynham MA, Bristol county.
12. What is the name and address of the customer's attorney? (Ask this question only if the customer mentions they have sought/retained an attorney).
13. What mailing address would you like our Office of General Council to send your written response to? (Document the full address).
[REDACTED] Raynham MA, [REDACTED]



BEGINNING OF CONTACT
06/10/2010

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00.24

REGION: G1 CHICAGO OGC ISSUE CASE NBR: [REDACTED]
VIN: 3MEHM08169F [REDACTED] ZONE: A02 OPENED: 06/09/2010
ENGINE: 1 VEH TYPE: C CLOSED: 06/09/2010

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: MR FIRST NAME: [REDACTED] MI: S
ADDRESS: [REDACTED]
CITY: NORRIDGE STATE: IL ZIP: 60706
HOME PHONE: [REDACTED]
MODEL YEAR: 2009 MODEL: MILAN PREMIER 4-DR SEDAN FWD
MILEAGE: 8500
DEALER NAME: NAPLETONS PARK RIDG SALES CODE: L42425 P & A: 10565
REASON CODE: 0772 LEGAL - ACCIDENT
SYMPTOMS: 301688 SERVICE BRAKE INOP/INEFFECT FRONT AND REAR

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC
DOCUMENT: ANALYST: COCONN25 O'CONNELL, CHRISTINA

DATE: 06/09/2010 TIME: 11.53.20 :
ACTION DATA/COMMENTS:

FIRE / ACCIDENT A
CUSTOMER SAID: 1.-SITUATION HAS OCCURRED THREE TIMES AND CUSTOMER DOESNT RECALL THE DATES2.-YES 3.-THERE WERE NO INJURIES4.-FIRST TIME WAS BACKING OUT OF HIS DRIVEWAY, SECOND TIME IT WAS BACKING OUT OF A PARKING PLACE, THIRD TIME OUT OF HIS DRIVEWAY AND HIT ANOTHER VEHICLE5.-THERE WAS NO REPORT FILED6.-N/A7.-N/A8.- CUSTOMER DIDNT FILE WITH INSURANCE SINCE IT WAS MERCURY SINCE THE BRAKES FAILED9.-N/A10. -VEHICLE IS REPAIRABLE11.N/A12. -REIMBURSEMENT FOR THE DAMAGES DUE TO THE ACCIDENTS ESTIMATED BALANCE IS FIRST WAS 2455, SECOND WAS 550, THIRD WAS NO DAMAGE-CUSTOMER STATES THAT HE HAS BEEN IN THREE ACCIDENTS DUE TO THE BRAKES NOT WORKING WHILE IN REVERSE-CUSTOMER HAS BROUGHT THE VEHICLE TO THE DLR NUMEROUS TIMES AND WITH OUT A RESOLUTIONDEALER SAID: NAPLETON PARK RIDGE LINCOLN MERCURY LM CODE: 42B425 DEALER PROFILE 826 TOUHY AVEPARK RIDGE, IL 60068 TEL:(847) 825-0770CRC 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 AND DOCUMENT INCIDENT/ACCIDENT DATE PRIOR TO SENDING ISSUE.

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JUN 10 2010

OFFICE OF THE
GENERAL COUNSEL

All Action Details for Issue

Print

VIN: 3MEHM08169F	Year: 2009	Model: MILAN	Case:
Name: MR	Owner Status: Original	WSD: 2009-04-11	
Symptom Desc:		Primary Phone:	
Reason Desc: DEALER GENERATED INFORMATION ISSUE		Secondary Phone:	
Issue Type: 02 INFORMATION	Issue Status: CLOSED		

Action: ESCALATED HANDLING REQUIRED - OTHER (EXPLAIN IN COMMENTS)

Dealer: 10565 NAPLETONS PARK RIDGE L-M INC

Origin Desc: DEALER

Odometer: 8492 MI

Comm Type: VISIT

Analyst Name: NAPLETON L/M

Analyst: K-HAMANN

Action Date: 05/13/2010

Action Time: 16:27:17.211

Action Data: No

Comments CUSTOMER COMPLAINS THAT AT TIMES THE BRAKE PEDAL GOES TO THE FLOOR, HE HAS ALREADY BACK INTO SOMETHING AND DAMAGED THE TRUNK LID. THIS IS HIS SECOND VISIT IN. ON THE FIRST VISIT WE COULD NOT DUPLICATE, BUT WE DID REPLACE THE MASTER CYLINDER. ON THIS VISIT WE COULD NOT DUPLICATE AND CHECKED OVER THE VEHICLE VERY THOROUGHLY. CUSTOMER GOT INTO VEHICLE TO LEAVE AND THE PEDAL WENT TO THE FLOOR. CUSTOMER IS NOW IN A LOANER CAR, I NEED TECH ASSISTANCE, I DO BELIEVE THERE IS A PROBLEM WITH THIS VEHICLE.

Ford Confidential

Report# : [REDACTED] **Received:** 05/12/2010
CCRG/EPRC: **Reviewed Status:** **Date:**
Vehicle: 2009,MILAN,PREMIER,SEDAN ,3MEHM08169R [REDACTED] **Build Date:** 11/06/2008
Odometer : 8,492 M **Engine:** 3.0L DOHC **Calibration:** 8DE1F60A
Transmission: 6SPD AISIN **Axle:** **A/C:** YES
Dealer: USA 10565 Napleton's Park Ridge Lincoln- **Phone#:** (847) 825-0770
City: Park Ridge **State:** Illinois **Country :** USA
Originator: JEFF NORTON
Symptom: 3 01 5 53 CHASS.,SERVICE BRAKE ,PEDAL,LOW PEDAL
Status:
VFG: V21 BRAKING
Additional Symptom: PEDAL FADES TO FLOOR
Fix: Y **Causal Component :** NO PROBLEM FOUND (NRTH AMER) -- NOA
Condition Code:
Hotliner: BMIYA1 **Phone:** 000.317-9357 **Regn Cd:** G1 Chicago
Engineering: **Phone:** **TAR:** CLD
Dlr Contact: JEFF NORTON **Phone:** 847 825-0770 **Title Cde:** T

KOE0:

KOE1:

KOE2:

REPAIR 05/12/2010 11:15AM BETH MIYA MSS - FCSD - TECH SVC HOTLINE
WEB FORM DATA - CONCERN: BRAKE PEDAL GOSE TO FLOOR CAR WONT STOP AT
TIMES DIAGNOSTICS: CHECK FLUID LEVEL CHECK BRAKES PARTS
REPLACED:: MASTER CHL REPLACED ABUOT A MONTH AGO TECH QUESTION: ARE
THERE ANY KNOWN REPAIRS FOR THIS CONCERN WERE YOU ABLE TO VERIFY
THE CONCERN? NO IS THERE AN APPROPRIATE PINPOINT TEST IN THE WSM
FOR THIS CONCERN? NO WAS THE PINPOINT TEST FOLLOWED? NO

RECOMM 05/12/2010 11:15AM BETH MIYA MSS - FCSD - TECH SVC HOTLINE
JEFFREY, TO HELP ISOLATE THE CONCERN RECOMMEND THAT YOU CAP OFF THE
BRAKE LINES BEFORE AND AFTER THE HCU. IF THE CONCERN IS STILL PRESENT
WITH THE HCU LINES CAPPED OFF THEN YOU ARE LOOKING AT A BAD BOOSTER OR
MASTER CYLINDER. PLEASE THEN SEPARATE THE MASTER FROM THE BOOSTER TO
CHECK FOR ANY LEAKING THEN ISOLATE THE ROUTE CAUSE OF THE PEDAL
CONCERN. IF THE PEDAL FADE IS GONE WHEN THE LINES AFTER THE HCU ARE
CAPED OFF THEN POSSIBLE LEAK OR CALIPER SEAL THAT IS ROLLING PULLING
THE CALIPER BACK AFTER BRAKE APPLICATION. WE DO NOT HAVE ANY COMMON

TRENDS OR PAST REPORT OF THIS CONCERN.

TAR 05/14/2010 04:51PM ANTHONY GILL MSS - FCSD - TECH SVC HOTLINE
TAR PER CCST REQUEST: REQUESTED BY: BWALLAC1 ACTIVITY: CCST CUDL
CASE #: [REDACTED] VIN: 3MEHM08169R [REDACTED] ODOMETER: 8492 BODY
CONVERSION: NONE P&A CODE: 10565 DEALER: NAPLETONS PARK RIDGE L-M
INC DEALER PHONE: 847-825-0770 DEALER CONTACT: KARL
HAMMAN CONTACT POSITION: SERVICE MANAGER REQUEST DATE: 5/14/2010
4:30:58 PM PREVIOUS REPAIRS: TWO PREVIOUS REPAIR ATTEMPTS FOR BRAKE
PEDAL GOING TO THE FLOOR. GCQIS - AELBD012 COMMENTS: VEHICLE IS
CURRENTLY AT THE DEALER FOR THE ABOVE CONCERN. DEALER HAS
INTERMITTENTLY VERIFIED THIS CONCERN. VEHICLE NOT YET ELIGIBLE BUT
IS GETTING CLOSE. THIS IS A SAFETY CONCERN. DEALER REQUESTING FSE
INVOLVEMENT IN DIAGNOSIS AND REPAIR. HOPING TO AVOID POSSIBLE RAV
ISSUE.

ADD-ON 06/01/2010 05:06PM MIKE TRIFILIO(FSE) MSS - FCSD - REG - CHICAGO
INSPECTED VEHICLE ON 5/24, TESTED VEHICLE FOR 2 HOURS, DEALER HAD
TESTED FOR SEVERAL DAYS, COULD NOT VERIFY THE CONCERN. DEALER ADVISED
THAT THE ONLY CONCERN THEY WERE ABLE TO VERIFY WAS A SINKING PEDAL
WHEN FIRST STARTING BUT VEHICLE BRAKES WERE FULLY FUNCTIONAL.
PERFORMED GCQIS SEARCH AND FOUND SIMILAR CONCERN (BOOSTER
STEP-THROUGH) WAS FOUND TO BE CHARACTERISTIC OF THE VEHICLE WHEN FIRST
STARTING OR SITTING AT A STOP LIGHT FOR A LONG PERIOD OF TIME. ADVISED
DEALER WITHOUT VERIFICATION, NO RECOMMENDATION CAN BE MADE.

AUDIT 06/01/2010 05:06PM MIKE TRIFILIO(FSE) MSS - FCSD - REG - CHICAGO
TECH ASSIST REFERRAL HAS BEEN CLOSED

Requester: ATAYLO29

Report Summary

Server: FCWS686

Ford Proprietary, Private

31-Aug-2010

Retention: None

Report# : [REDACTED]
CCRG/EPRC: [REDACTED] **Reviewed Status:** [REDACTED]
Vehicle: 2009,MILAN,PREMIER,SEDAN ,3MEHM08169R [REDACTED]
Odometer : 8,492 M **Engine:** 3.0L DOHC **Calibration:** 8DE1F60A
Transmission: 6SPD AISIN **Axle:** [REDACTED] **A/C:** YES
Dealer: USA 10565 Napleton's Park Ridge Lincoln- **Phone#:** (847) 825-0770
City: Park Ridge **State:** Illinois **Country :** USA
Originator: [REDACTED]
Symptom: 3 01 5 51 CHASS.,SERVICE BRAKE ,PEDAL,SOFT/SPONGY
Status: [REDACTED]
VFG: V21 BRAKING
Additional Symptom: [REDACTED]
Fix: [REDACTED] **Causal Component :** [REDACTED]
Condition Code: [REDACTED]

Cust: [REDACTED] **Home Phone:** (000) 000 - 0000
Work Phone: (000) 000 - 0000 **Region:** G1 Chicago
Case Status: [REDACTED] **Date:** 00 / 00 / 0000 **Vehicle Paint:** DARK INK BLUE

KOEO:
KOEC:
KOER:

OWNREL CCS KRYSTAL X 7316 - ON BEHALF OF CCS KIM X 7068- OPENING CASE TO
ASSIT DLR WITH TAR REQUEST
OWNREL CCS KRYSTAL X 7316 - ON BEHALF OF CCS KIM -X 7068 - DLR REQUESTING TO
HAVE A FSE INSPECT VEH FOR BREAK PEDAL CONCERN - BREAK PEDAL WILL GO
TO FLOOR - DLR WAS ABLE TO DUP CONCERN ONCE
OWNREL CCS KRYSTAL X 7316 - ON BEHALF OF CCS KIM X 7068 - DLR ONLY CONTACT -
ASSISTING DLR WITH TAR - SETTING F/U FOR 5-20 BY 5:00 PM(EST)
OWNREL SENDING TO HOTLINE FOR APPROVAL
OWNREL =CCS REQUESTED UPDATE IN STATUS OF CASE FROM SM KARL VIA EMAIL=REQ'D
INFO ON FSE APPT AND WHETHER CSAT TOOL SHOULD BE OFFERED TO CUST=CCS
WILL DOCUMENT AS INFO IS RCVD=SETTING F/U 05/31 BY 5PM EST
OWNREL =RESETTING F/U 06/04 BY 5PM EST=
OWNREL =CCS ADVISED BY SM THAT FSE CAME OUT AND COULD NOT DUPLICATE TH
CONCERN BUT SM FEELS THR IS A PROBLEM W THE VEH BUT IT HAPPENS SO
INTERMITTENTLY IS HARD TO DUPLICATE=CUST HAS ALREADY BACKED INTO A
NEIGHBORS CAR DUE TO THE CONCERN AND SM WOULD LIKE TO MAKE A REPAIR
ATTEMPT BY REPLACING THE HYDROLIC CONTROL UNIT FOR THE ABS=CCS AGREES

W SM ASSESSMENT AND REPAIR ATTEMPT=DLR REQUESTED ASSISTANCE WITH RENTAL AS CUST HAS BEEN IN LOANER VEH=CCS ADVISED W ASSIST DLR IS COST OF RENTAL VEH AND TO CONTACT W INFO WHEN VEH REPAIRED=CCS SENT EMAIL TODAY REQUESTING STATUS OF REPAIR AND WILL DOCUMENT INFO AS RCVD=CCS SETTING F/U 06/09 BY 5PM EST

OWNREL =CCS NOTES THAT CUST HAS CONTACTED CRC CENTER REGARDING THREE ACCIDENTS HE HAS HAD DUE TO BRAKE CONCERN=CCS MADE OBC TO DLR AND LFT MSG TO DISCUSS CASE W SM KARL=CCS RECALLS SM ADVISING CUST ALMOST HAD ONE ACCIDENT BUT HAS NO KNOWLEDGE OF CUST HAVING THREE ACCIDENTS=

OWNREL =CCSSPK W SM KARL ON 6/11 BUT FAILED TO DOCUMENT IN CASE=SM ADVISED HE IS NOT SURE IF CUST HAS HAD THREE ACCIDENTS BUT CUST DOES HAVE TRUNK DAMAGE FROM ONE ACCIDENT=SM ADVISED REPAIR IS COMPLETE=CCS ADVISED W CUST OPENING A LEGAL CASE CCS CANNOT HAVE CONTACT W CUST HOWEVER THIS WAS A DEALER OPENED CASE AND CCS HAS ONLY BEEN WORKING WITH THE SM CCS WILL CONTINUE TO ASSIST UNTIL OFFICE OF GENERAL COUNCIL OPENS A CASE=CCS WAS TO CALL SM BACK 6/14 TO FURTHER DISCUSS AND PROVIDE APPROVAL CODES FOR CLAIM

OWNREL =CCS MADE OBC TO DLR TO PROVIDE APPROVAL CODE FOR ASSISTANCE W RENTAL CHARGE AS PREVIOUSLY AGREED=SM NOT AVAILABLE=CCS LFT MSG FOR CB AND SETTING F/U 06/16 BY 5PM EST

OWNREL =CCS AWAITING RESPONSE FROM SM KARL TO PAY OUT RENTAL CLAIM

OWNREL =CCS RCVD RENTAL INFO FROM SM KARL=CUST IN VEH FOR 30 DAYS AT 30/DAY TOTALLING 900=CCS AGREED TO SPLIT RENTAL W DLR=RO303446 LINE 3 P11 M356V \$450=SM ADVISED CUST HAS NOT REPORTED ANY COMPLAINTS SINCE HYDROLIC CONTROL UNIT REPLACED IN VEH

Requester: ATAYLO29

Report Summary

Server: FCWS686

Ford Proprietary, Private

31-Aug-2010

Retention: None



Office of the General Counsel

PRIVILEGED & CONFIDENTIAL

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

June 16, 2010

JUL 08 2010

[REDACTED]
NORRIDGE, IL [REDACTED]

Re: 2009 MILAN

Dear Mr. [REDACTED]

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:

- ☒ 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.
- ☒ 2. A copy of the police and/or fire report and a copy of the Vehicle Title.
- ☒ 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), 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 scene showing the grade of the road.
- ☒ 6. Attach a copy of your expert's report and the expert's original 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. A complete service history for the subject vehicle, including any tune-ups or oil changes.

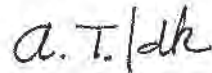
Please answer the following in the space provided. If you need additional space, please use the back of the form:

- 9. What was the city, state and date of occurrence:
Norridge, IL Starting date 1/12/10 - 6/4/10
- 10. The 17 digit vehicle identification number:
3MEHM08109R [REDACTED]

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,

A handwritten signature in dark ink, appearing to read "A. T. / dk".

Alma Taylor
Product Claims

11. What was the mileage at time of occurrence:
Started 5,698
12. What is the alleged defect:
see attached services reports for details
13. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
14. List all after market additions or modifications that were made to the vehicle:
None
15. Was the engine running? (circle one) Yes or No
16. Were the keys in the ignition? (circle one) Yes or No
17. Was this vehicle purchased new or used:
New
18. If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased:
19. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).
Norridge, IL
20. Has an insurance company been advised of this incident? Yes No
If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

(800) 435-7764 x22460

Farmers Insurance claim# [REDACTED]

Hien Tran

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

To be made financially whole concerning matters regarding the failure on ~~both~~ all occasions and new vehicle

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 an inspection is warranted.

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



826 Touhy Avenue • Park Ridge, IL 60068 • (847) 825-0770

CUSTOMER NO.	ADVISOR ROBERT ASHTON	245	TAG NO. 1021	INVOICE DATE 04/21/10
	LABOR RATE	LICENSE NO.	MILEAGE 8,040	COLOR BLUE/
NORRIDGE, IL	YEAR / MAKE / MODEL 09/MERCURY/MILAN/4DR SDN FWD PREMIER		DELIVERY DATE	DELIVERY MILES 162
	VEHICLE I.D. NO. 3MEHM08169R		SELLING DEALER NO.	PRODUCTION DATE
	P.T.E. NO.	P.O. NO.	R.O. DATE 04/16/10	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS		

SUBLET	PO#	VEND	INV#	INV. DATE	DESCRIPTION	TOTAL	SUBLET	WARRANTY
	17852		302526	04/21/10	RENTAL CAR			0.00
JOB# 4 TOTALS								
JOB# 5 CHARGES	JOB# 4 JOURNAL PREFIX LICs JOB# 4 TOTAL							0.00
LABOR								
J# 5+02LIZGBATT	GBATT	TECH(S):1019				INTERNAL		
BATTERY CONDITION IS GOOD								
GBATTERY								
JOB# 5 TOTALS								
JOB# 6 CHARGES	JOB# 5 JOURNAL PREFIX LICs JOB# 5 TOTAL							0.00
LABOR								
J# 6+02LIZGBK	GBK	TECH(S):1019				INTERNAL		
BRAKE LININGS ARE OK AT THIS TIME								
GBRAKE								
JOB# 6 TOTALS								
JOB# 7 CHARGES	JOB# 6 JOURNAL PREFIX LICs JOB# 6 TOTAL							0.00
LABOR								
J# 7+02LIZGTIRE	GTIRE	TECH(S):1019				INTERNAL		
TIRE TREAD AND WEAR IS OK AT THIS TIME								
GTIRE								
JOB# 7 TOTALS								
JOB# 7 JOURNAL PREFIX LICs JOB# 7 TOTAL								0.00

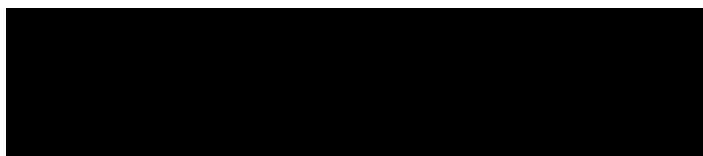
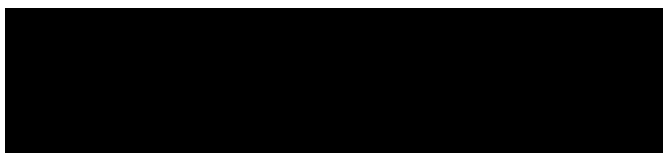
STATEMENT OF DISCLAIMER
 "The Factory Warranty Constitutes All Of The Warranties With Respect To The Sale Of This Item/Items. The Seller Heraby Expressly Disclaims All Warranties, Either Express Or Implied, Including Any Implied Warranty Of Merchantability Or Fitness For A Particular Purpose, And The Seller Neither Assumes Nor Authorizes Any Other Person To Assume For It Any Liability In Connection With The Sale Of This Item/Items."

...Compare Service, Too!
 We guarantee our service work for 12 months or 12,000 miles, whichever comes first. If our repair or replacement fails in normal service within that period, we'll fix it free of charge. Parts and Labor.
 We give you a report card... You give us a grade. Our goal: "No unhappy owners."

AUTHORIZED REPRESENTATIVE
 If you are happy, let your neighbor know. If you are unhappy call your authorized representative at once. Our Goal: "No unhappy owners." **THANK YOU** for bringing your car to us for service.

**NAPLETON'S
PARK RIDGE**





Case Print Report

Case Number [REDACTED]

Case Opened Date 12/28/2016 3:07 PM

Case Closed Date 12/28/2016 3:11 PM

Case Status Resolved

Case Last Modified 12/28/2016 3:11 PM

Responsible Team Tier 1 Inbound

Case Classification Legal > Alleged Accident/Property Damage or Fire (Visible flames) due to Product Defect > Customer does not have insurance > Requests Financial Assistance

Customer Name [REDACTED]

Customer Number [REDACTED]
[REDACTED]

WEST MEMPHIS

AR [REDACTED]

Email

Dealer

VIN 3MEHM08Z29R [REDACTED]

Year 2009

Make MERCURY

Model MILAN

Body Style M08 - PREMIER 4-DR SEDAN FWD

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Brake

Level 4 OTHER

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

DEC 29 2016

OFFICE OF THE,
GENERAL COUNSEL

Case Print Report

Case Number C [REDACTED]

Agent Name	Note Created On
------------	-----------------

Sierra Bernier

12/28/2016 3:10 PM

Cust says:

2009 milan, was in a bad accident because break system went out

Percust, dealer says:

CRC advised:

1. Has the customer filed a claim with their insurance company?

Customer has NO INSURANCE

2. If a claim has been filed with their insurance company, what is the status of the claim?

NO CLAIM

3. Is the vehicle repairable?

NO

4. Were any injuries sustained? If yes, provide the first and last name of all injured parties.

FREDDIE GILLIAM

5. What are you seeking from Ford Motor Company?

COMPINSATION FOR LOSS OF WORK, LOSS OF VEHICLE, AND MEDICAL BILLS

6. What was the date of the accident?

12/20/2016

7. What product defect is alleged to have caused the accident?

BRAKE FAILURE, LOCKED ONE TIRE UP

8. What is the city and state where the accident occurred?

MEMPHIS, TN

9. Was a police report filed?

CUSTOMER DOESN'T KNOW, WAS TAKEN STRAIGHT TO THE HOSPITAL

10. If a police report was filed, what were the findings?

SAME AS ABOVE

11. What is the police report number and in what city and county was the report filed?

N/A

12. What is the name and address of the customer's attorney?

N/A

13. What mailing address would you like our Office of General Council to send your written response to? (Document the full address).

[REDACTED] WEST MEMPHIS ARKANSAS [REDACTED]

I will forward your information to Ford's Office of the General Counsel. You should receive a written response within 15 Days business days to your concern.



From: dcpform@ford.com [mailto:dcpform@ford.com]
Sent: Friday, May 06, 2011 9:04 AM
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: service@colonialautomobile.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: Colonial Ford
Requesting Dealer Fleet: Colonial Ford
PA Code: 03603
Contact Person: Bob Johnson
Title: Manager
Phone Number: 203.748.3503
Fax Number: 203.748.0215
Email: service@colonialautomobile.com
Region: Northeast
Address: 126 Federal Rd
City: Danbury
State: Connecticut
Zip Code: 06810

CUSTOMER VEHICLE INFORMATION:

WSD: 09.24.2007
Vehicle Year: 2007
Vehicle Model: Milan
Vehicle VIN: 3MEHM07Z07R [REDACTED]
Mileage: 40881

customer Fleet Name: [REDACTED]

Street Address: [REDACTED]

City : Southbury

State : Connecticut

Zip Code : [REDACTED]

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Customer Region: Northeast

DETAILS OF INCIDENT:

Accident

Date of Incident: 2011-04-25

County incident occurred: Litchfield

Is customer alleging a component defect CAUSED the incident? YES

Details: Customer is alleging failure of brake system. Customer suspected failed master cylinder from reading information online.

Was a police report filed? NO

Details : N/A

Has the insurance company been contacted? YES

Insurance company advised: Insurace found \$500 damage to vehicle (not brake system) and \$5000 to building that vehicle hit.

Insurance company contact information: Unknown

Coach builder: N/A

City : N/A

State :

Zip Code : N/A

Vehicle Location: With customer.

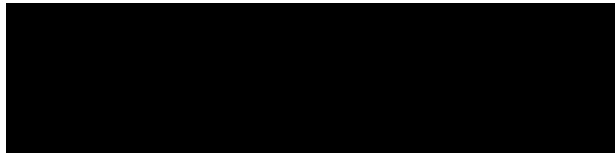
Attorney information: N/A

CVO Contact: N/A

Resolution Customer is seeking: Requesting engineer inspect braking system.

Comments: Vehicle was inspected by technician when customer brought vehicle in. No visible brake failure, no leaks, no evidence of brake fluid boil. Firm brake pedal when tested. No problems found.

Copyright 2011 Ford Motor Company



CaseFORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JAN 15 2013

General InfoOFFICE OF THE,
GENERAL COUNSEL

Overview

Case Number	[REDACTED]	Status	Resolved
Priority	[REDACTED]	Owner	Tier 1 Inbound
Expected Resolution Date		Status Reason	Resolved Closed
Input Channel	Phone		

Customer Info

Advanced Search

Search On

Search By

Customer Name	[REDACTED]	Caller Type	
Customer Delegate		Use for Reply-To	
Phone			
Relationship			

Customer Scores

Loyalty Score	Defector Score
CLP LTV Score	Dissat Score
In-Market	ESP Score
Likelihood to Service	Service Segments

Dealer Info

Dealer Info

Dealer	
Dealer Contact	
Portal Status	No New Message
FMCC Branch Code	

Vehicle Info

Vehicle Info

VIN	 3FAHP08127R [REDACTED]	Hours in Service	
Converted Mileage		Mileage	63,000
Vehicle Modifications	No	Mileage Units	
Engines Specification		Transmissions Specification	
Number of Repairs		Days Out of Service	

Vehicle Specification

Vehicle Specification Full Path	 2007 > FORD > FUSION > P08 - SEL 4-DR SEDAN
Model Year	 2007
Make	 FORD
Model / Vehicle Line	 FUSION
Body Style	 P08 - SEL 4-DR SEDAN

Case Classification

Classification

Responsible Team	 Tier 1 Inbound
Case Classification Full Path	 Vehicle Concern > Legal > Alleged Accident > Not Portal
Case Classification Level 1	 Vehicle Concern
Case Classification Level 2	 Legal
Case Classification Level 3	 Alleged Accident
Case Classification Level 4	 Not Portal

Classification

Initial Contact Target	Initial Contacted	No
Case Closure Target	Initial Contact Date	

Symptom Code

Symptom Code  Stop/Steer/Ride > Stopping > OTHER > OTHER
Level 1  Stop/Steer/Ride
Level 2  Stopping
Level 3  OTHER
Level 4  OTHER

Miscellaneous Info

Miscellaneous Info

Master Case

Caller Authorization Code 0000310623

Stars ID

Tech Hotline No

Contract Info

ESP Contract

Warranty Start Date

Ford Credit Contract #

Form Letter Code

Non-Ford ESP No

Notes & Article

Notes

 Title: Note created on 01/14/2013 03:48 PM by Pam Arvik

Note created on 1/14/2013 3:47 PM by Pam Arvik

Edited 1/14/2013 3:47 PM by Pam Arvik

CUST SAYS-SHE HAD AN ACCIDENT A MONTH AGO -HER BRAKES FAILED-CUST RAN INTO BACK OF TRUCK ACCIDENT-FRONT BUMPER REPLACED-DLR SAID SOMETHING IN THE BRAKE PARTS WERE WARPED-

DLR INFO-Englewood Ford

1908 South McCall Rd.

Englewood, FL 34223

(941) 475-5444-

1. Date of the accident-AROUND THE FIRST OF DECEMBER 2012

2. What the customer is alleging the product defect is that caused Accident-BRAKES FAILED

3. If there were any injuries sustained-NO

4. Location of the vehicle when the accident occurred-MCDONALDS-ANGLEWOOD FL-STATE RD 776-

5. Whether or not there was a police report filed-NO-IT WAS ON PRIVATE PROPERTY-

8. Whether or not the customer has filed a claim with their Insurance Company.-YES ALSTATE-

9. If a claim has been filed with the insurance company, what is the status of the claim-CLAIM HAS BEEN PAID -BUMPER HAS BEEN REPLACED -

12. What the customer is seeking - DOCUMENTATION -

DLR INFO-

CRC ADV-I will forward your information to Ford's Office of the General Counsel. You should receive a written response within 15 Days business days to your concern.

Article

Article

Admin Info

Admin Info

Created By



Pam Arvik

Modified By



Pam Arvik

Created On

1/14/2013 3:47 PM

Modified On

1/14/2013 3:50 PM

Begin Date

1/14/2013

Case Type

Title

[REDACTED]

ContactFORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JAN 15 2013

GeneralOFFICE OF THE,
GENERAL COUNSEL**Profile**

Full Name

[REDACTED]

Salutation

First Name

[REDACTED]

Middle Name

Last Name

Suffix

Preferred Name

Relationship Type

Individual

Type

Job Title

Customer's Title Code

Company

Preferred Language

English

Script

Contact Information

Best Contact Method

Best Daytime Phone

Home Phone

Mobile Phone

Business Phone

Fax

E-mail Address 1

[REDACTED]

E-mail Address 2

E-mail Address 3

Time Zone

Additional Contact Information**Address**

Address Type

Street 1

[REDACTED]

Street 2

Street 3

City

ROTONDA WEST

Address 1: State/Province

FL

ZIP/Postal Code

[REDACTED]

Country/Region

County

Social Media Information

Facebook Page

Preferred IM

IM Name



Case Print Report

Case Number [REDACTED]

Case Opened Date 10/7/2014 1:40 PM

Case Closed Date 10/7/2014

Case Status Resolved

Case Last Modified 10/7/2014 1:46 PM

Responsible Team Tier 1 Inbound

Case Classification Legal > Alleged Accident/Property Damage or Fire (Visible flames) due to Product Defect > Customer does not have insurance > Requests Financial Assistance

Customer Name [REDACTED]

Customer Number [REDACTED]
[REDACTED]

NASHUA

NH [REDACTED]

Email [REDACTED]

Dealer

VIN 3FAHP07Z38R [REDACTED]

Year 2008

Make FORD

Model FUSION

Body Style P07 - SE 4-DR SEDAN

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Brake

Level 4 OTHER

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

OCT 08 2014

OFFICE OF THE
GENERAL COUNSEL

Case Print Report

Case Number [REDACTED]

Agent Name	Note Created On
Jessica Henry	10/7/2014 1:43 PM

CUST SAYS:

The cust is an owner of a 2008 Fusion. In the last 3 weeks he is having issues with the brakes on the veh. It has been taking the brakes a while to stop. The cust had new brakes installed in the veh. Then the cust had an accident and he couldn't stop the veh. The veh was totaled and he is believing that the defective part was the brakes.

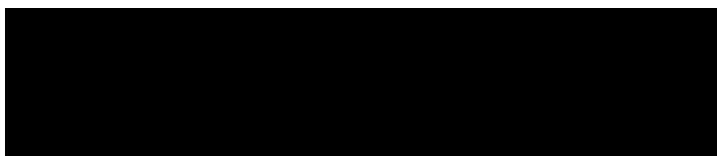
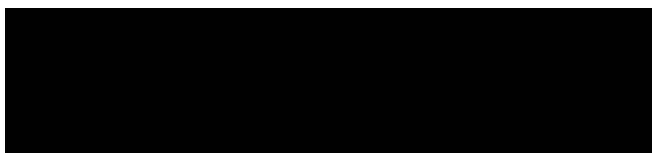
1. Has the customer filed a claim with their insurance company? No
 - o If YES - continue with remaining questions
 - o If NO - advise customer to contact their insurance company. No further questions are needed an escalation to OGC will not occur).
2. If a claim has been filed with their insurance company, what is the status of the claim? NO
3. Is the vehicle repairable? No
4. Were any injuries sustained? If yes, provide the first and last name of all injured parties. [REDACTED] and another party he hit.
5. What are you seeking from Ford Motor Company? Some type of assistance for the veh. He still has to pay off the veh and has medical bills.
6. What was the date of the accident? Oct 1, 2014.
7. What product defect is alleged to have caused the accident? Brakes
8. What is the city and state where the accident occurred? Kingsborough, MA
9. Was a police report filed? Yes
10. If a police report was filed, what were the findings? N/A
11. What is the police report number and in what city and county was the report filed? N/A - Kingsborough - Hillsborough County
12. What is the name and address of the customer's attorney? (Ask this question only if the customer mentions they have sought/retained an attorney). N/A
13. What mailing address would you like our Office of General Council to send your written response to? (Document the full address).

[REDACTED]
NASHUA, NH [REDACTED]

PER CUSTOMER, DEALER SAYS:
N/A

CRC ADVISED:

"I will forward your information to Ford's Office of the General Counsel. You should receive a written response within 15 Days business days to your concern.



IMPORTANT - DO NOT PERFORM REPAIRS UNTIL AUTHORIZED!**Dealer/Fleet Request For OGC Review*******Note: this form is for Retail and Fleet vehicles*****

Pursuant to the W&P Manual, the service manager is required to complete a Dealer/Fleet Request for OGC Review form if he/she suspects legal action such as, alleged accidents or fires, may be taken. This form includes customer and vehicle information as well as a description of the allegations.

*****Note: All fields are required and must be filled in accordingly before submitting this form**********NOTE: You also have the option of printing this form and then faxing the fully completed form to 313-845-5668 or 313-845-5555*******DEALER INFORMATION**

Dealership/Fleet Name:

Mitchell Lincoln

Requesting Dealer/Fleet:

MITCHELL LINCOLN

P&A Code:

10235

Contact Person:

RICK CENTER

Title:

SERVICE MANAGER

Phone Number:

334-347-3461

Fax Number:

Email Address:

RCENTER@MITCHELLAUTO.C

Region:

SOUTHEAST

Address:

1222 RUCKER BLVD

City:

ENTYERPRISE

State:

Alabama

Zip Code:

36330

FORD MOTOR
RECEIVED
JUL 21 2011
OFFICE OF THE
GENERAL COUNSEL

CUSTOMER/VEHICLE INFORMATION

WSD:

Vehicle Year:

2008

Vehicle Model:

LINCOLN MKZ

Vehicle VIN:

3LNHM26TX8P

Mileage:

12913

Customer/Fleet Name:

Street Address:

City:

DALEVILLE

http://www.fmcdealer.dealerconnection.com/_layouts/formserver.aspx?XsnLocation=/For... 7/18/2011

State:

Alabama

Zip Code:

Home Phone:

Work Phone:

Region:

SOUTHEAST

DETAILS OF INCIDENT*****Note: DO NOT PUT THE VEHICLE IN STORAGE OR PROVIDE LOANERS WITHOUT THE APPROVAL OF THE OFFICE OF THE GENERAL COUNSEL**********NOTE: SEND AUTHORIZATION REQUEST TO FORDCALP@FORD.COM*****

Incident Involves:

☐ Accident ☐ Fire ☐ Injury ☐ Medical Attention Sought

Date of Incident:

7/13/2011

County in which incident occurred:

DALE

Is customer alleging a component defect
CAUSED the incident?☒ Yes ☐ No

If yes, what type & details:

If no, refer to Escalated Concern Handling
section of the Customer Handling RoadmapCUST STATES, LOST ALL BRAKES, PEDAL
WENT TO FLOOR. NO ACCIDENT, INJURY, OR
DAMAGE

Was a police report filed?

☐ Yes ☒ No

If yes, where:

Has the insurance company been contacted?

☐ Yes ☒ NoNOT CONTACTED, NO DAMAGE OTHER THAN
BRAKE CONCERN WITH CAR.

What did the insurance company advise?

NONE

Name and phone number of owner's insurance
company & agent's name:If the vehicle is a conversion unit, who is the
coach builder?

City:

State:

Zip Code:

Vehicle Location:

MITCHELL LINCOLN 1222 RUCKER
BLVD ENTERPRISE, AL 36330

Attorney Information (if applicable):

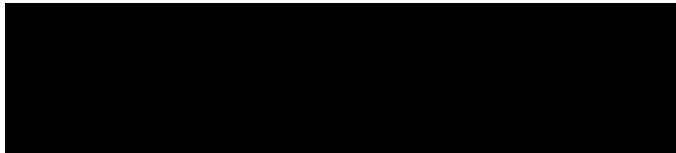
NONE

CVO Contact (if applicable - Fleet Only):

NONE

RESOLUTION THAT CUSTOMER IS SEEKING:CUST JUST WANTS BRAKES REPAIRED, NOT SEEKING ANYTHING
ELSE.**COMMENTS:**I REALLY DONT THINK THIS ISSUE WARRANTS ANYTHING
OTHER THAN REPAIR OF BRAKES ON VEHICLE. HOTLINE WAS
ONLY CONTACTED TO ASK IF ANY KNOWN ISSUES EXIST. A
POTENTIAL SMALL FIRE, CONFINED TO BRAKE PADS ONLY.**Submit Request**

Powered by: InfoPath Forms Services



Case Print Report

Case Number [REDACTED]

Case Opened Date 4/26/2016 10:13 AM

Case Closed Date 4/26/2016

Case Status Resolved

Case Last Modified 4/26/2016 10:24 AM

Responsible Team Tier 2 CCT

Case Classification Legal > Alleged Accident/Property Damage or Fire (Visible flames) due to Product Defect > Insurance Company Contacted/ settlement > Requests Financial Assistance

Customer Name [REDACTED]

Customer Number [REDACTED]
[REDACTED]

WEST BLOOMFIELD MI [REDACTED]

Email [REDACTED]

Dealer Star Lincoln, Inc.

VIN 3LNHM28T57F [REDACTED]

Year 2007

Make LINCOLN

Model MKZ

Body Style M28 - 4-DR AWD SEDAN

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Brake

Level 4 OTHER

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

APR 27 2016

OFFICE OF THE
GENERAL COUNSEL

Case Print Report

Case Number [REDACTED]

Agent Name	Note Created On
------------	-----------------

Shaneria Gamble

4/26/2016 10:24 AM

CLIENT SAYS; I wrote a letter to the Ford CEO, but I received a letter back from Todd G regarding my car. After two weeks after getting my car I was involved in an accident. While on the freeway driving as I switched lanes I ended up hitting someone due to my brakes failing. The police came and took a report and after I went to firestone I went to get my car inspected and I was told that it could've been the ABS system not being good and it's known to go out on these kinds of cars. Also they said this has happened to a friend of theirs where the ABS went out and he crashed as well. I checked online and I saw recalls and complaints about the ABS system. My insurance has now gone up and they will not fix anything because I was the one that hit another vehicle in the back and also my 4 month old was in the car at the time. I am looking to get my dream car back up and running.

- Has the client filed a claim with their insurance company? (Yes or No) Yes
 - If YES - continue with remaining questions
 - If NO - advise client to contact their insurance company. No further questions are needed an escalation to OGC will not occur).
 - If NO, but the client does not have insurance, or is refusing to contact insurance - continue with remaining questions
 - If a claim has been filed with their insurance company, what is the status of the claim? Pending
 - Is the vehicle repairable? Yes
 - Were any injuries sustained? Yes, her daughter's sleeping pattern has changed. Also back pains for the client as well as bruises.
 - If YES, provide the first and last name of all injured parties. Monika Judon, Miracle Townsend
 - What are you seeking from Ford Motor Company? To get my vehicle repaired and back on the road.
 - What was the date of the accident? 03/24/2016
 - What product defect is alleged to have caused the accident? The brakes
 - What is the City and State where the accident occurred? Canton MI
 - Was a police report filed? Yes
 - If a police report was filed, what were the findings? Police just made the report, didn't really ask a lot of questions or say much.
 - What is the police report number and in what City and County was the report filed? Canton MI
 - What is the name and address of the client's attorney? (Ask this question only if the client mentions they have sought/retained an attorney).
 - What mailing address would you like our Office of General Council to send your written response to? (Document the full address) [REDACTED] West Bloomfield MI [REDACTED]
- PER CLIENT, DLR SAYS: N/A

CSM ADV: Apologized to client for concerns and advised that I would document her concerns and forward this to the office of general council. Advised client to expect a response by mail within 15 Business days.

Shaneria Gamble

4/27/2016 10:05 AM

<<CSM Shaneria -EXT 77923>> |IBC from the Client| Wanted to provide the police report number 21-7270-16

CONSUMER AFFAIRS
SECTION

16 APR 11 09:02

①

March 30 2016

Monika Judon

2120 st. Joseph St.

West Bloomfield MI 48324

COPY

From FMC360

To whom it may Concern

Hello, My name is [REDACTED] and I am Writing to express my concern with my car a 2007 Lincoln MKZ that I purchased from a dealer in Atlanta on 03-11-2016 and crashed on 03-24-2016 not even two weeks into owning the vehicle. This car has been my dream car since it first came out in 2007 so you can see I am even more devastated. Not only has the fact that this car is my dream car devastated me but MORE importantly my 4 month old daughter was also in the car and very much so involved in the accident.

Immediately following the accident I took my vehicle to Firestone in Canton MI to be inspected because the reason the accident occurred was because my brakes COMPLETELY went out on me. What was told to me was that there could have been 4 things that caused my brakes to go out and among those things was the ABS system malfunctioning. By the time the inspection was done on my car I was told by one of the mechanics that this very same thing happened to a good friend of his where at any given time his brakes would fail him. Immediately I was taken back by this news because I knew there was no reason that in almost two weeks' worth of driving could I have worn out my brakes so much to where they don't work anymore as well as all of a sudden they would work for that period of time and then stop out of nowhere unless something was majorly wrong. I also did research on this issue and found a couple other complaints of the same issue happening on the MKZ and MKX.

I am now dealing with having to go to the Chiropractor for back and neck pain and once again more importantly it is hard to do thing for my daughter which is so depressing for me as she is my whole world my miracle child and its hard to even carry her now without pain. Because of this accident I have to go through so much that I would never be going through had this not happened. Also my car is basically totaled and I have to get it fixed ASAP as my daughter and I now need to get to extra appointments and around anyways. Something needs to be done and I am hoping that whoever you are reading this agrees and I thank you for your immediate response and action plan to make things right for all Ford car drivers. Please understand that I loved and still love this car and want it back safe and drivable never having this or anything like it happen again. Thank you so much for your time. Radiator also ruined and car is Leaking Trans Fluid.

Sincerely,

[REDACTED]

One Example of what I Found

www.truecar.com/2007-Lincoln-MKZ/repairs-187

These forums have helped make our results possible

1 Lincoln MKZ repair cost: 1 month MKZ forum

Ask a Mechanic Online
7 Mechanics are Online
A Question is Answered Every 9 Seconds

Type your question here

powered by **answer** Ask a Mechanic

Lincoln MKZ in Illinois, United States
Nov 2012 - Dec 2015

14817 mi
US \$700
Power Take-Off Assembly provides drive to rear wheels on AWD vehicle

Mar 2013
12600 mi
US \$600
Driveshaft support bearing failure. Support bearing repair requires complete driveshaft replacement. New updated driveshaft was installed

Dec 2015
14700 mi
US \$694
Brake pedal would go to the floor under moderate braking after the ABS system activated. After sitting for a pmu system returned to normal. The abs HCU was replaced which has so far solved the problem

Lincoln MKZ in Pennsylvania, United States
Jun 2009 - Dec 2009

Apr 2009
16000 mi
Transmission hard down shift. Reprogramming of the computer done

Jul 2009
17000 mi
Transmission hard down shift again. Replaced valve body in transmission

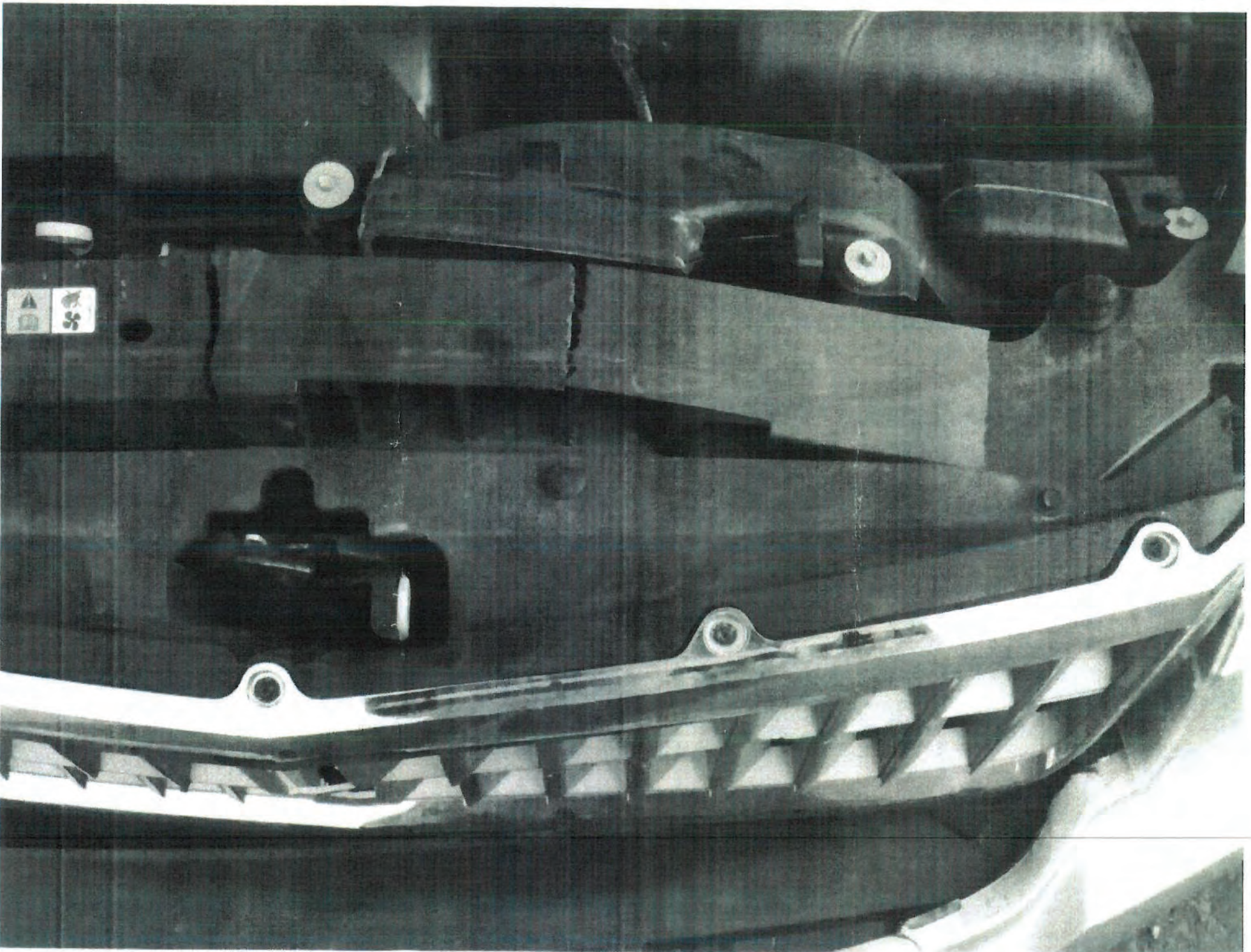
Lincoln MKZ in Michigan, United States

IT'S LIKE HITTING EVERY GREEN LIGHT. EVERY TIME YOU DRIVE IT.

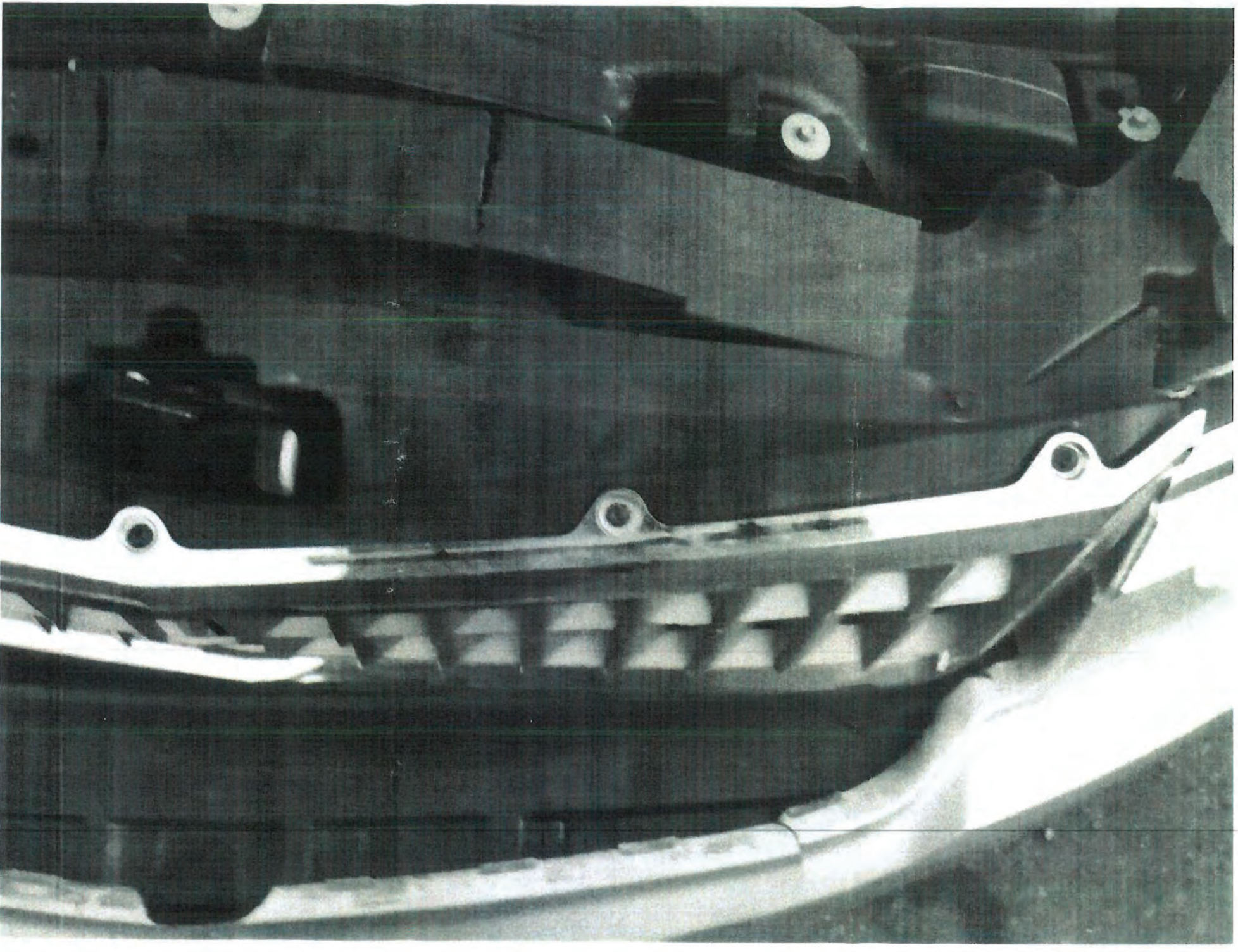
NEW FEATURES. BOLD PRICE.

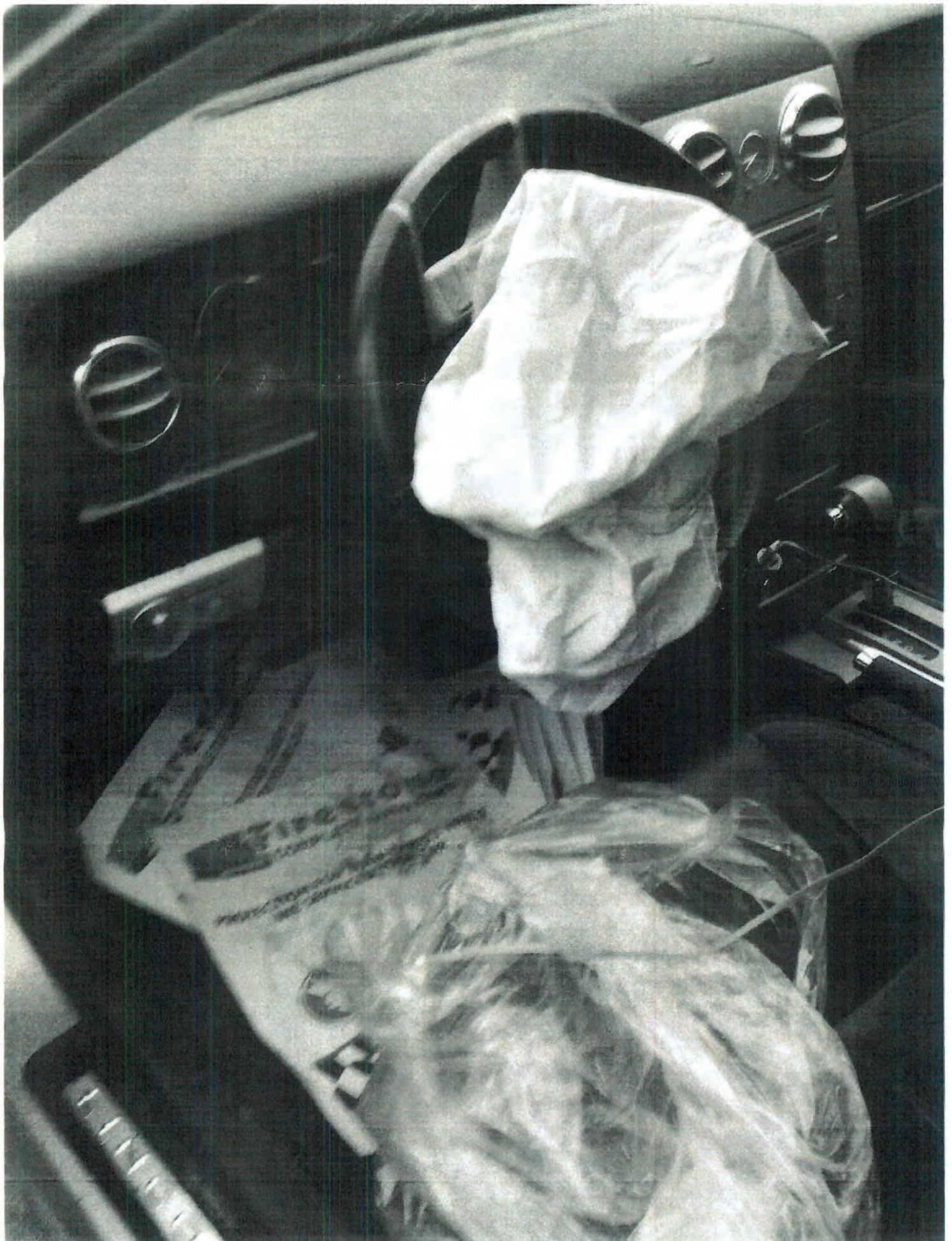






















West Lintonfield ML

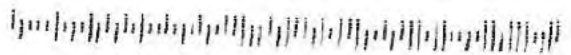


Mark Fields CEC
P.O. Box 4124
Dearborn MI 48171

MAR 31 2016



4812136128 8053





From: dcpform@ford.com [mailto:dcpform@ford.com]
Sent: Tuesday, October 26, 2010 12:02 PM
To: Ordcalp, F (F.); Taylor, Alma (A.)
Subject: Dealer/Fleet Request For OGC Review

Dealer/Fleet Request For OGC Review

Dealership/Fleet Name: Towne Lincoln Mercury
Requesting Dealer/Fleet: Towne Lincoln Mercury
Contact Person: Dawn Kruger
Title: Service Manager
Address: 3531 Southwestern Blvd.
Telephone: 716-662-6512x111
Email Address: dkruger@towneauto.com
PA Code: 10208
Region: Pittsburg
City: Orchard Park
Dealer State: NY
Fax Number: 716-972-1570
WSD: 31mar08
Vehicle Year: 2008
Vehicle Model: MKZ
Vehicle VIN: 3LNHM28T78R [REDACTED]
Mileage: 38511
Customer/Fleet Name: [REDACTED]
Street Address: [REDACTED]
City: Orchard Park
State: New York
Zip Code: [REDACTED]
Home Phone: [REDACTED]
Work Phone: [REDACTED]
Customer Region: 99 - All Regions
Incident Involves: Accident
Date of Incident: 10/23/2010
County in which incident occurred: Erie
Is Alleging Defect: Yes
Alleging defect detail: Cust states at low speeds brake failed and couldnt stop vehicle
Police Report Filed: No

FORD MOTOR COMPANY
 RECEIVED
 CLAIMS UNIT
 OCT 27 2010
 OFFICE OF THE
 GENERAL COUNSEL

10/27/2010

PE16-017 000144 LC

Insurance Company Contacted: N

Coach Builder State: AK - Alaska

Vehicle Location: Dealership

Resolution Sought Detail: Wants vehicles brakes repaired. has not questioned me on the damage yet.

Comments: Was told to complete this form by Rob Green FSE. We could not duplicate and concern and have folled all WSM checks.

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

10/27/2010

PE16-017 000145 LC



Office of the General Counsel

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

October 26, 2010

[REDACTED]

ORCHARD PARK, NY [REDACTED]

RE: 2008 MKZ

VIN: 3LNHM28T78R [REDACTED]

Dear Mr. [REDACTED]

Your claim has been forwarded to me for review. 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 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:

- Attach on a separate piece of paper a complete description of the incident, including events that occurred prior to and subsequent to the loss.
- A copy of the police report.
- A copy of the vehicle title and registration.
- Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), from several different angles.
- Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- Original color photographs of the accident scene showing the grade of the road.
- Attach a copy of your expert's report and the expert's original photographs.
- A statement from your car insurance carrier indicating there are no pending claims and the reason for the denial.
- Attach the repair estimate or repair order.
- A complete service history for the subject vehicle, including any maintenance items.
- A copy of this letter.

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.

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

1. What are you seeking from Ford Motor Company in this matter? REPAIR OF THE VEHICLE
SO THAT IT DOESN'T OCCUR AGAIN - THIS IS THE SECOND TIME IN
SIX (6) MONTHS
2. What is the alleged defect? BRAKES FAIL TO ENGAGE - @ 4 TO 5 MILES PER HOUR.
ABS SEEMS TO ENGAGE AT THE TIME

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? ORCHARD PARK, NY @ OCTOBER 23, 2010
5. What was the mileage at time of occurrence? 38,600
6. List all after market additions or modifications that were made to the vehicle: NONE
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 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). TOWNE LINCOLN MERCURY, ORCHARD PARK, NY
12. Has an insurance company been advised of this incident? (circle one) Yes or No
13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number (It is your responsibility to contact your insurance company):
PMICA
P.O. BOX 9600, PROVIDENCE, R.I. CLAIM# [REDACTED] TEL# 800 852-6422
MARY KAY MCGEE
14. Please provide the names and contact information of any witnesses to the incident:
[REDACTED]
ORCHARD PARK, NY [REDACTED]
ORCHARD PARK, NY [REDACTED]

Once we are in receipt of 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,

Tina Revoir
Legal Analyst- OGC Product Claims



AUTO HOME LIFE

Amica
PO Box 9690
Providence, Rhode Island 02940-9690

1011 FRES: 1-800-852-6422
(1-800-852-6422)
Fax: 1-866-759-3306

October 25, 2010

25 Winterhall RD
Orchard Park NY

File Number: [REDACTED]
Date of Loss: 10/23/2010
Deductible: \$500.00

Dear Mr. and Mrs. [REDACTED]

Thank you for notifying us of your loss.

We are enclosing a State Accident Report form. Please fill out and sign the form if there was a personal injury or damage to the property of any one person exceeding the dollar limit listed in the form's instructions. Send the completed form to us within 10 days of the date of the accident. We will forward it on to the appropriate State Agency.

We request that you send or fax an itemized estimate to us for the repair of the damage to your vehicle. Any covered repair costs contained in this estimate will be subject to the deductible amount listed in the heading.

Depending on the severity of the damage, we may arrange for an appraisal to ensure that all repairs have been included. For faster service, please call us with the amount of your estimate.

Your policy provides coverage for transportation expenses. As discussed, should you decide to rent a motor vehicle, you may select any rental vehicle company of your choice. We will pay up to \$20.00 per day for transportation expenses for each day that is reasonably required to repair or replace the automobile until the \$600.00 occurrence limit is met.

Please contact our office prior to purchasing any optional insurance coverage. We may not be able to provide any coverage for certain optional insurance offered to you.

We are communicating with the other parties involved in this accident. If appropriate, we shall try to arrange a prompt settlement of the claim against you and will notify you when this has been done.

AMICA MUTUAL INSURANCE COMPANY AMICA LIFE INSURANCE COMPANY AMICA PROPERTY AND CASUALTY INSURANCE COMPANY



If you have any questions, please feel free to contact me.

Very truly yours,

Mary Kay McGee

Mary Kay McGee
Amica Mutual Insurance Company
800-852-6422 x56358
MMCGEE@AMICA.COM

enclosure

FOLD → ← HERE

New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT
 www.nysdmv.com

Use only for accidents that
 happen in New York State

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DO NOT FORGET ACCIDENT DATE		Page <u>1</u> of <u>1</u>		☐ RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT			
Accident Date Month <u>10</u> Day <u>23</u> Year <u>10</u>	Day of Week <u>SAT</u>	Time ☐ AM ☒ PM	Number of Vehicles <u>2</u>	Number Injured <u>0</u>	Number Killed <u>0</u>	Did police investigate accident at scene? ☐ Yes ☒ No	If "Yes", Name of Police Agency or Precinct & Accident Number
DRIVER OF VEHICLE 1				☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER PEDESTRIAN			
Driver License ID Number <u>[REDACTED]</u>		State of License <u>NY</u>		Driver License ID Number <u>[REDACTED]</u>		State of License <u>NY</u>	
Driver Name—exactly as printed on license (Last, First, MI) <u>GERALD</u>		Date of Birth <u>5-1-1975</u>		Driver Name—exactly as printed on license (Last, First, MI) <u>MRS. [REDACTED]</u>		Date of Birth <u>1-1-1975</u>	
Address (Include Number & Street) <u>[REDACTED]</u>		Apt. Number <u>[REDACTED]</u>		Address (Include Number & Street) <u>[REDACTED]</u>		Apt. Number <u>[REDACTED]</u>	
City or Town <u>ORCHARD PARK</u>		State <u>NY</u>		City or Town <u>ORCHARD PARK</u>		State <u>NY</u>	
Zip Code <u>[REDACTED]</u>		Date of Birth Month <u>5</u> Day <u>1</u> Year <u>75</u>		Sex <u>M</u>		Number of People in Vehicle <u>2</u>	
Public Property Damaged ☐		Date of Birth Month <u>1</u> Day <u>1</u> Year <u>75</u>		Sex <u>F</u>		Number of People in Vehicle <u>1</u>	
Public Property Damaged ☐		Name—exactly as printed on registration <u>[REDACTED]</u>		Date of Birth Month <u>5</u> Day <u>1</u> Year <u>75</u>		Sex <u>M</u>	
Address (Include Number & Street) <u>[REDACTED]</u>		Apt. Number <u>[REDACTED]</u>		Address (Include Number & Street) <u>[REDACTED]</u>		Apt. Number <u>[REDACTED]</u>	
City or Town <u>ORCHARD PARK</u>		State <u>NY</u>		City or Town <u>ORCHARD PARK</u>		State <u>NY</u>	
Zip Code <u>[REDACTED]</u>		Plate Number <u>[REDACTED]</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>2008 LMC MKZ</u>	
Plate Number <u>[REDACTED]</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>2011 TOY RAV</u>		Vehicle Type <u>RAV</u>	
Estimated Cost of Property Damage - Vehicle 1 ☐ \$1,001-\$1,500 ☐ \$1,501-\$2,500 ☐ Over \$2,500		Estimated Cost of Property Damage - Vehicle 2 ☐ \$1,001-\$1,500 ☐ \$1,501-\$2,500 ☐ Over \$2,500					
Describe damage to vehicle 1 <u>RIG REAR PASSENGER SIDE HUB</u>		ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 1-9) that describes the accident, or draw your own diagram below in space 3B. Number the vehicles. Your vehicle is #1		Left Turn Right Turn Head On Side-swipe (same direction) Side-swipe (opposite direction) Rear End Right Angle Left Angle Right Angle Left Angle		Describe damage to vehicle 2 <u>LOWER REAR PANEL</u>	
Place Where Accident Occurred in New York State: County <u>ERIE</u> ☐ City ☐ Village ☐ Town of <u>ORCHARD PARK</u> Permanent Landmark <u>NATIVITY CHURCH</u> Road on which accident occurred <u>OFF OF SOUTH BUFFALO ST. ORCHARD PARK PARKING LOT</u> at ☐ 1) Intersecting street <u>ARGYLE ST.</u> (Route Number or Street Name) or ☐ 2) <u>Post</u> <u>Miles</u> <u>SE</u> <u>SW</u> of <u>[REDACTED]</u> (Milepost, Nearest Intersecting Route Number or Street Name) How did the accident happen? <u>BRAKES IN MY LINCOLN MKZ FAILED TO ENGAGE.</u>							
ALL INVOLVED		2. Which Veh. Occupied		3. Position In/Veh		4. Safety Equip. Used	
[REDACTED]		1		DRIVER		S. BEL	
[REDACTED]		1		PASS		11 4 65 F	
MRS. [REDACTED]		2		DRIVER		2 2 F	
Identify Damaged Property Other Than Vehicle(s)		NAME		VIN			
Name of Insurance Company That Issued Policy for Vehicle 1		AMICA		Policy Number		[REDACTED]	
Name and Address of Policy Holder		[REDACTED]		Policy Period From		11/15/09 to 11/15/10	
If Vehicle was Operated Under Permit (CCC, USDOT or NYSDOT), give No.		Name and Address of Permit Holder		and State			
If Self-insured, give Certificate No.							
Date <u>10/26/10</u>		Print Name of Driver (or Representative) of Vehicle 1 <u>[REDACTED]</u>		Signature of Driver (or Representative) of Vehicle 1 <u>[REDACTED]</u>			

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.

☐ Injury
☐ Death

An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.

reset/clear



Amica
PO Box 9690
Providence, Rhode Island 02940-9690

Toll Free: 1-800-85-AMICA
(1-800-852-6422)
Fax: 1-866-759-3306

October 23, 2010

[REDACTED]
Orchard Park NY [REDACTED]

File Number: [REDACTED]
Date of Loss: 10/23/2010

Dear Mr. and Mrs. [REDACTED]

Thank you for notifying us of your loss.

The Amica Representative assigned to your claim will contact you shortly.

Please feel free to contact us or check the status of your claim using Your Claim Center on Amica.com.

Very truly yours,

Joyce A. Minnehan

Joyce A. Minnehan
Amica Mutual Insurance Company
800-852-6422 x56351
JMINNEHAN@AMICA.COM



AMICA MUTUAL INSURANCE COMPANY AMICA LIFE INSURANCE COMPANY AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
AMICA LLOYDS OF TEXAS AMICA GENERAL AGENCY, INC. WEB SITE: WWW.AMICA.COM

CUSTOMER #:

INVOICE

ORCHARD PARK, NY

HOME: CONT: N/A

BUS: CELL:

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
GY	08	LINCOLN MKZ	3LNHM28T78R		31340/31362		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT	INV DATE
31MAR08 DD			17:00 06MAY10			CASH	10MAY10
B.O. OPENED	READY	OPTIONS: STK:L9515 DLR:.					

16:32 06MAY10 16:30 10MAY10
 LINE OPCODE TECH TYPE HOURS
 A COSTUMER STATES THAT BRAKE PEDAL GOES RIGHT TO THE FLOOR AT TIMES
 WON'T STOP.

CND COULD NOT DUPLICATE CONCERN AT THIS TIME

586 CPF

B CHANGE OIL AND FILTER/LUBE STEERING STOPS, HINGES AND DOORS/CK ALL

FLUIDS AND ADD/CK TIRE PRESSURE

LOP CHANGE OIL AND FILTER/LUBE STEERING
STOPS, HINGES AND DOORS/CK ALL FLUIDS AND
ADD/CK TIRE PRESSURE3586 CPF
1 FL*400*S FILTER ASX - OIL
6 XO*5W20*BSE ENGINE OILC ROTATE TIRES CK ALL BRAKES ADJUST PRESSURES
ROT ROTATE TIRES CK ALL BRAKES ADJUST PRESSURES3586 CPF
GBK CHECKED AND OK DISC OVER 5MM DRUM OVER 2MM3586 CPF
YTIRE MAY REQUIRE FUTURE ATTENTION3586 CPF
GBAT BATTERY CHECKED AND GOOD

3586 CPF

Thank you for choosing Towne
 Lincoln-Mercury Isuzu Mazda
 for all your repair and
 service work!

Repair Shop Registration # 515051

Visit our wide World Web site:

www.towneauto.com

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT
YOUR PERSONAL SERVICE ADVISOR

(716) 662-6530



Hours
 Monday thru Friday
 8:00 A.M. - 5:00 P.M.

I hereby authorize the repair work herein set forth to be done along with
 the necessary material and agree that you are not responsible for loss of
 damage to vehicle or articles left in vehicle in case of fire, theft or any
 other cause beyond your control or for any delays caused by unavailability
 of parts or delays in parts shipments by the supplier or transporter. I
 hereby grant you and your employees permission to operate the vehicle
 at parts or delays in parts shipments by the supplier or transporter. I
 hereby grant you and your employees permission to operate the vehicle
 at parts or delays in parts shipments by the supplier or transporter. I
 hereby grant you and your employees permission to operate the vehicle
 at parts or delays in parts shipments by the supplier or transporter. I

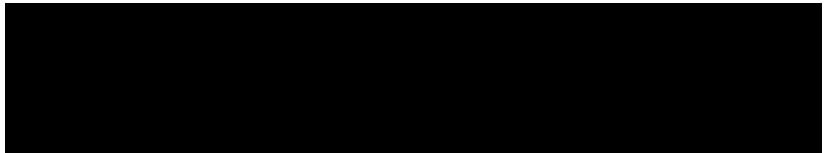
REPLACED PARTS REQUESTED

☐ YES ☐ NO

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

DESCRIPTION	TOTALS
LABOR AMOUNT	31.99
PARTS AMOUNT	23.21
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	55.20
LESS INSURANCE	0.00
SALES TAX	4.83
PLEASE PAY THIS AMOUNT	60.03

N.Y.S. REGISTERED REPAIR NO. 5150519



Darcy M. MacDonald ~ Attorney at Law

Six Cabot Place, Stoughton, MA 02072
Phone (781) 341-0066 * Facsimile (781) 341-3242
Email: dmacatty@aol.com

SENT CERTIFIED MAIL NO. 9590 9402 1418 5329 9663 72 & FIRST CLASS MAIL

December 6, 2016

Ford Motor Company,
1 American Road,
Dearborn, Michigan 48126-2798 USA
Attn.: Legal Department

OGC Lit
Product Claims

COPY

Re: **Demand Letter Pursuant to Massachusetts General Law
Chapter 93A – Ford Fusion ABS Brake Failure** [REDACTED]

To Whom This May Concern;

This office has been retained by Mr. [REDACTED] regarding a failure of the ABS system in his 2008 Ford Fusion. Mr. [REDACTED] was involved in a car accident, when he attempted to stop in heavy traffic the brakes became spongy, and failed to stop before he made contact with the vehicle in front of him. After making a cursory search online about the problem he experienced, he discovered complaints, as far back as three years ago complaints, regarding the ABS Hydraulic Control Unit and master cylinder, began showing up on the NHTSA website and online. In total there the NHTSA website complaint page shows 74 complaints about the brakes on the 2008 Ford Fusion, 71 describing a similar failure to the one that Mr. [REDACTED] experienced. The ABS Hydraulic Control Unit and master cylinder are cited in these complaints with the failure being triggered by activation of the ABS. After becoming aware of the magnitude of this problem, and Ford's unwillingness to address it in a preemptory fashion Mr. [REDACTED] chose to seek legal redress for this matter. Additional complaints, highlighting this issue were also found on AboutAutomobile.com, ARFC.

I am hereby making a formal demand, on behalf of Mr. [REDACTED] on Ford Motor Company, as manufacturers, under M.G.L. c.93A Sec. 9 for relief related to the total loss of his vehicle, the out of pockets costs associated with replacing his vehicle and any resulting surcharge related to fault assigned to him as a driver which occurred as a result of a dangerous design defect and refusal to repair this in the ABS system of the Ford Fusion for multiple model years.

This office was contacted by Mr. [REDACTED] after his personal research revealed a known problem, along with a multitude of complaints, which were filed to address a known problem with the 2008 Ford Fusion and their ABS system. Specifically, the 2008 Ford Fusion, contains a dangerous design defect, known to the industry manufacturers, but left unaddressed – whereby a driver would press on the brake pedal but the pedal would go to the floor with loss of braking power, resulting in a collision.

As a result of this defect Mr. [REDACTED] was involved in a car accident, his Ford Fusion was declared a total loss, he incurred a loss of out of pocket income attributed to the need to rent a replacement vehicle, use of personal time from work, and will now face an increased surcharge which will result in an increase in insurance premiums for a minimum of 7 years.

Mr. [REDACTED] asserts claims for breach of express and implied warranties, strict product liability for failure to warn; unjust enrichment/restitution; fraudulent concealment/nondisclosure; negligence; actions or practices declared to be unfair, deceptive, and unlawful under Chapter 93A of the Massachusetts General Laws, the Massachusetts Consumer and Business Protection Act, and regulations promulgated thereunder by the Attorney General's Consumer Protection Division.

Ford designed, manufactured, marketed, advertised, distributed, and warranted for this model and make of automobile. In conjunction with each sale, Ford warranted that each automobile was of merchantable quality, fit for the ordinary purpose for which automobiles are used, free from defects in materials and workmanship, and would not pose a driving hazard. Complaints of "spongy" brakes began surfacing over three years ago, with a total of 71 known problems, and in spite of this known hazard nothing was done to repair or replace the hundreds of thousands of 2008 Ford Fusions, which contained this sleeping defect, throughout the United States. Additionally, no known cause for the defect has been identified or offered by Ford Motor Company.

A copy of the accident report, filed with Police Department and Mapfre Insurance is included with this letter. Also included is a list of the 74 NHTSA complaint file numbers, filed thus far, on vehicles either formerly or currently in operation

Mr. [REDACTED] believes, and I have affirmed their belief, that they are entitled to be reimbursed for the costs related to the damage caused by the failure of the ABS system in the 2008 Ford Fusion. Specifically, the cost for the replacement of the vehicle, the cost to rent a vehicle, use of personal time from work, and an increased surcharge which will result in an increase in insurance premiums for a minimum of 7 years, these costs are estimated at in excess of \$25,000.00.

It is important to note that the vehicle, because it was declared a total loss, has been transferred to a salvage yard. If Ford wishes to inspect the ABS unit, for its own information, the inspection will need to happen as soon as possible.

Failure to respond to this 93A demand letter within 30 days offering a reasonable settlement will compel the commencement of a law suit under section 9 of said Chapter 93A. We construe a reasonable offer of settlement to be no less than the damages suffered as described above which amount does not take into account the potential damages that could have resulted had Mr. [REDACTED] or the other driver, been seriously injured by this failure.

If suit is filed against you under Chapter 93A and your conduct is found to be unfair or deceptive, Mr. [REDACTED] will be awarded his actual damages and will automatically receive an award whereby you will be required to pay all of [REDACTED]'s reasonable attorney's fees. Furthermore, if a court determines that your conduct was willfully or knowingly unfair or deceptive the court must award Mr. [REDACTED] up to three times, but not less than two times, his actual damages. A court may also award Mr. [REDACTED] up to three times, but not less than two times actual damages if you refuse to grant relief pursuant to this demand letter and a court determines that your refusal, after your review of this letter, was made in bad faith with reason to know your conduct was unfair and deceptive in violation of Chapter 93A.

Very truly yours,



Darcy M. MacDonald
Attorney at Law

DMM/kgb

Enclosures

cc: Mr. [REDACTED]

FOLD → ← HERE

Use only for accidents that happen in New York State

New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT
www.dmv.ny.gov

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DO NOT FORGET ACCIDENT DATE		Page <u>1</u> of <u>1</u>		☐ RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT																																																																																							
Accident Date Month <u>10</u> Day <u>28</u> Year <u>16</u>			Day of Week <u>FRIDAY</u>		Time <u>5:25</u> ☐ AM ☒ PM		Number of Vehicles <u>2</u>		Number Injured <u>0</u>		Number Killed <u>0</u>		Did police investigate accident at scene? ☒ Yes ☐ No		If "Yes", Name of Police Agency or Precinct & Accident Number <u>SP TARRYTOWN SP1T21680QZQ</u>																																																																												
DRIVER	DRIVER OF VEHICLE 1										DRIVER	VEHICLE 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER PEDESTRIAN																																																																															
	Driver License ID Number <u>[REDACTED]</u>						State of License <u>MA</u>		Driver License ID Number <u>[REDACTED]</u>						State of License <u>NY</u>																																																																												
	Driver Name—exactly as printed on license (Last, First, M.I.) <u>[REDACTED]</u>											Driver Name—exactly as printed on license (Last, First, M.I.) <u>[REDACTED]</u>																																																																															
	Address (Include Number & Street) <u>[REDACTED]</u>						Apt. Number <u>[REDACTED]</u>		Address (Include Number & Street) <u>[REDACTED]</u>						Apt. Number <u>[REDACTED]</u>																																																																												
	City or Town <u>WRENTHAM</u>				State <u>MA</u>		Zip Code <u>01902</u>		City or Town <u>BLAUVELT</u>				State <u>NY</u>		Zip Code <u>[REDACTED]</u>																																																																												
REGISTRANT	Date of Birth <u>[REDACTED]</u>		Sex <u>M</u>		Number of People in Vehicle <u>1</u>		Public Property Damaged ☐		Date of Birth Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u>		Sex <u>M</u>		Number of People in Vehicle <u>[REDACTED]</u>		Public Property Damaged ☐																																																																												
	Name—exactly as printed on registration <u>[REDACTED]</u>						Date of Birth Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u>		Sex <u>M</u>		Name—exactly as printed on registration <u>[REDACTED]</u>						Date of Birth Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u>		Sex <u>M</u>																																																																								
	Address (Include Number & Street) <u>[REDACTED]</u>						Apt. Number <u>[REDACTED]</u>		Address (Include Number & Street) <u>[REDACTED]</u>						Apt. Number <u>[REDACTED]</u>																																																																												
	City or Town <u>WRENTHAM</u>				State <u>MA</u>		Zip Code <u>[REDACTED]</u>		City or Town <u>BLAUVELT</u>				State <u>NY</u>		Zip Code <u>[REDACTED]</u>																																																																												
	Plate Number <u>[REDACTED]</u>		State of Reg. <u>MA</u>		Vehicle Year & Make <u>2008 FORD</u>		Vehicle Type <u>PAN</u>		Ins. Code <u>X</u>		Plate Number <u>[REDACTED]</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>2016 DODGE</u>		Vehicle Type <u>PAN</u>		Ins. Code <u>X</u>																																																																								
VEHICLE DAMAGE	Estimated Cost of Property Damage - Vehicle 1 ☐ \$1,001-\$1,500 ☐ \$1,501-\$2,500 ☒ Over \$2,500										VEHICLE DAMAGE	Estimated Cost of Property Damage - Vehicle 2 ☒ \$1,001-\$1,500 ☐ \$1,501-\$2,500 ☐ Over \$2,500																																																																															
	Describe damage to vehicle 1 RIGHT PASSENGER SIDE HEADLIGHT, FENDER, HOOD, BUMPER DAMAGED, INTERNAL PARTS IN RIGHT FRONT ENGINE AREA ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9. Number the vehicles. Your vehicle is # 1.											Describe damage to vehicle 2 SCUFF & DIMPLE DAMAGE TO REAR BUMPER ON LEFT/DRIVER SIDE																																																																															
ACCIDENT LOCATION	Place Where Accident Occurred in New York State: County <u>ROCKLAND</u> ☐ City ☐ Village ☒ Town of <u>NANUET</u> Permanent Landmark <u>[REDACTED]</u>										ACCIDENT LOCATION	Road on which accident occurred <u>I-287</u> (Route Number or Street Name) at ☐ 1) intersecting street _____ (Route Number or Street Name) or <u>2) .25</u> ☐ N ☐ S ☒ E ☐ W of <u>GARDEN STATE PARKWAY</u> (Milepost, Nearest intersecting Route Number or Street Name)																																																																															
	How did the accident happen? <u>WHILE MERGING INTO HEAVY TRAFFIC FROM GS PARKWAY INTO I-287 EAST, IN MIDDLE LANE, TRAFFIC CAME TO A HALT IN FRONT OF ME. I ATTEMPTED TO BRAKE THE CAR, BUT THE BRAKE PEDAL WENT TO THE FLOOR OF THE CAR WITH LOSS OF BRAKING POWER, RESULTING IN COLLISION.</u>																																																																																										
	Names of All Persons Involved											8. Which Veh. Occupied										9. Position in/on Vehicle										10. Safety Equip. Used										11. Age										12. Sex										13. Injury										14. Describe Injuries										15. If Deceased, Enter Date of Death									
	<u>[REDACTED]</u>											<u>1</u>										<u>1</u>										<u>4</u>										<u>56</u>										<u>M</u>										<u>[REDACTED]</u>										<u>[REDACTED]</u>																			
	<u>[REDACTED]</u>											<u>1</u>										<u>1</u>										<u>X</u>										<u>37</u>										<u>M</u>										<u>[REDACTED]</u>										<u>[REDACTED]</u>																			
INSURANCE	Identify Damaged Property Other Than Vehicle(s) <u>[REDACTED]</u>										INSURANCE	VIN <u>3FAHP07Z38R</u> <u>[REDACTED]</u>																																																																															
	Name of Insurance Company That Issued Policy For Vehicle 1 <u>COMMERCE INSURANCE</u>											Policy Number <u>[REDACTED]</u>																																																																															
	Name and Address of Policy Holder <u>S [REDACTED] WRENTHAM, MA</u>											Policy Period From <u>10/07/16</u> To <u>10/07/17</u>																																																																															
	If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No. <u>[REDACTED]</u>											Name and Address of Permit Holder <u>[REDACTED]</u> and State <u>[REDACTED]</u>																																																																															
	If Self-Insured, give Certificate No. <u>[REDACTED]</u>																																																																																										
ALL INVOLVED	Date <u>11/06/2016</u>										ALL INVOLVED	Print Name of Driver (or Representative) of Vehicle 1 <u>[REDACTED]</u>										ALL INVOLVED	Signature of Driver (or Representative) of Vehicle 1 <u>[REDACTED]</u>																																																																				
ALL INVOLVED											ALL INVOLVED											ALL INVOLVED																																																																					
ALL INVOLVED											ALL INVOLVED																																																																																

SECTION A

You must report within 10 days any accident occurring in New York State causing a fatality, personal injury or damage over \$1,000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. You must fill in all information requested on the report.

Then fill in the boxes numbered 1-7 and 23-30 in the right margin on page 1 by entering the number of the item from Section B that best describes the circumstances of the accident. If a question does not apply, enter a dash ("-"). If you do not know an answer, enter an "X".

INSTRUCTIONS - PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK

* First — fold along this shaded, dotted line.

* Don't fold Internet form. Instead, place page 2 over page 1, with the arrows on page 2 pointing to the boxes on the right edge of page 1.

VEHICLE INVOLVEMENT - If you were in an accident involving:

- **two-cars**, enter your information in the **VEHICLE 1** section and the other driver's information in the **VEHICLE 2** section.
- **a pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for Vehicle 2, and check the **PEDESTRIAN, BICYCLIST or OTHER PEDESTRIAN** box.
- **a vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for **VEHICLE 2**.
- **an unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the **VEHICLE 2** block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked **VEHICLE 1** and mark it #3. Use the space marked **VEHICLE 2** for the fourth vehicle, and mark it #4 and so on. Additional forms are available at any Motor Vehicles office or from the DMV website: www.dmv.ny.gov.

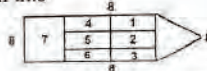
- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.
- 4 ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street. If available, identify a **permanent landmark** nearby, such as a business, school, shopping mall, parking lot, water tower, railroad, mountain or cell tower.
- 5 ALL INVOLVED** - List the names of all persons involved in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than four people are involved, complete another report. In the **ALL INVOLVED** section of that report, provide the required information for everyone else involved in the accident. Enter the following codes in the appropriate columns:

WHICH VEHICLE OCCUPIED (Column 8) - Enter the appropriate number or letter.

1. Vehicle 1 2. Vehicle 2 B. Bicyclist P. Pedestrian O. Other Pedestrian

POSITION IN/ON VEHICLE (Column 9) - Enter the number from this diagram which corresponds to each person's position.

1. Driver 2-7. Passengers 8. Riding/Hanging on Outside



SAFETY EQUIPMENT USED (Column 10)

- | | | |
|-----------------------------|--|--------------------------|
| 1. None | 7. Air Bag Deployed | In-Line Skater/Bicyclist |
| 2. Lap Belt | 8. Air Bag Deployed/Lap Belt | |
| 3. Shoulder Restraint | 9. Air Bag Deployed/Shoulder Restraint | |
| 4. Lap Belt Restraint | A. Air Bag Deployed/Lap Belt/Restraint | |
| 5. Child Restraint Only | B. Air Bag Deployed/Child Restraint | |
| 6. Helmet (Motorcycle Only) | O. Other | |
| | | C. Helmet Only |
| | | D. Helmet/Other |
| | | E. Pads Only |
| | | F. Stoppers Only |

INJURY (Columns 16A-C) - Check all column(s) that apply and DESCRIBE INJURIES:

A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.

B - Lump on head, abrasions, minor lacerations.

C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

- 6 INSURANCE** - Enter damage to private property, if any, insurance policy information and VIN. Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE IS INJURED OR DECEASED.

Send original to: CRASH RECORDS CENTER
6 EMPIRE STATE PLAZA
PO BOX 2925
ALBANY NY 12220-0925

SECTION B

USE TO COMPLETE

BOXES 1-7 and 23-30 ON PAGE 1

Be sure your answers are marked INSIDE THE BOXES ON PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway
14. Not in Roadway

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

- | | | |
|-------------|----------------------|------------------------|
| 1. Daylight | 3. Dusk | 5. Dark-Road Unlighted |
| 2. Dawn | 4. Dark-Road Lighted | |

ROADWAY CHARACTER

- | | |
|--------------------------|-----------------------|
| 1. Straight and Level | 4. Curve and Level |
| 2. Straight and Grade | 5. Curve and Grade |
| 3. Straight at Hillcrest | 6. Curve at Hillcrest |

ROADWAY SURFACE CONDITION

- | | | | |
|--------|-------------|------------|----------|
| 1. Dry | 3. Muddy | 5. Slush | 0. Other |
| 2. Wet | 4. Snow/Ice | 6. Flooded | |

WEATHER

- | | | |
|----------|-----------|-----------------------------|
| 1. Clear | 2. Cloudy | 5. Sleet/Hail/Freezing Rain |
| | 3. Rain | 6. Fog/Smog/Smoke |
| | 4. Snow | 0. Other |

DIRECTION OF TRAVEL

- | | | |
|--|--------------|--------------|
| | 1. North | 5. South |
| | 2. Northeast | 6. Southwest |
| | 3. East | 7. West |
| | 4. Southeast | 8. Northwest |

PRE-ACCIDENT VEHICLE ACTION

- | | |
|-----------------------------|--------------------------------|
| 1. Going Straight Ahead | 11. Avoiding Object in Roadway |
| 2. Making Right Turn | 12. Changing Lanes |
| 3. Making Left Turn | 13. Passing |
| 4. Making U Turn | 14. Merging |
| 5. Starting from Parking | 15. Backing |
| 6. Starting in Traffic | 16. Making Right Turn on Red |
| 7. Slowing or Stopping | 17. Making Left Turn on Red |
| 8. Stopped in Traffic | 18. Police Pursuit |
| 9. Entering Parked Position | 20. Other |
| 10. Parked | |

LOCATION OF FIRST EVENT

- | | |
|---------------|----------------|
| 1. On Roadway | 2. Off Roadway |
|---------------|----------------|

TYPE OF ACCIDENT

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

- | | |
|--------------------------------|-------------------------------------|
| 11. Light Support/Utility Pole | 21. Median - Not At End |
| 12. Guide Rail - Not At End | 22. Snow Embankment |
| 13. Crash Cushion | 23. Earth Embankment/Rock Out/Ditch |
| 14. Sign Post | 24. Fire hydrant |
| 15. Tree | 25. Guide Rail - End |
| 16. Building/Wall | 26. Median - End |
| 17. Curbing | 27. Barrier |
| 18. Fence | 30. Other Fixed Object |
| 19. Bridge Structure | |
| 20. Culvert/Head Wall | |

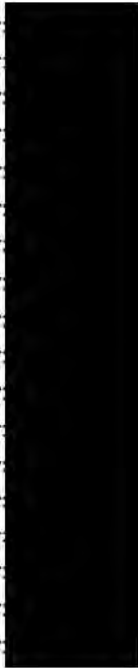
NO COLLISION

- | | |
|--------------------|--------------------------|
| 31. Overturned | 33. Submersion |
| 32. Fire/Explosion | 34. Ran Off Roadway Only |
| | 40. Other |

The NHTSA website Complaint page shows 74 complaints about the brakes on the Ford Fusion, 71 describing a similar failure to the one that I experienced. The ABS Hydraulic Control Unit and master cylinder are mentioned in some of these complaints; the failure seems to be triggered by activation of the ABS.

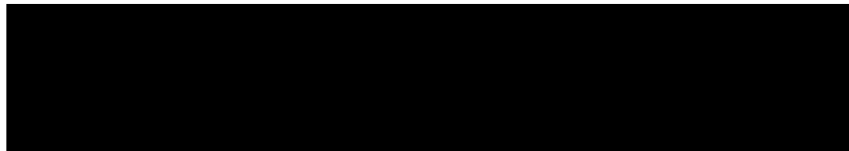
[illegible]

NHTSA ID Number
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Additional reports on AboutAutomobile, ARFC.





BEGINNING OF CONTACT
02/15/2012

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.05

REGION: G3 CINCINNATI OGC ISSUE CASE NBR: [REDACTED]
VIN: 3FAHP07Z19R [REDACTED] ZONE: A04 OPENED: 2012/02/14
ENGINE: Z VEH TYPE: C CLOSED: 2012/02/14

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: MR FIRST NAME: [REDACTED] MI: M
ADDRESS: [REDACTED]
CITY: JEFFERSONVILLE STATE: IN ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2009 MODEL: FUSION
MILEAGE: 3000
DEALER NAME: CARRIAGE FORD, INC. SALES CODE: F47029 P & A: 05712
REASON CODE: 0796 LEGAL - ALLEGED INJURY
SYMPTOMS: 104458 RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 9999 - CLOSE - DOCUMENT MULTIPLE SYMPTOMS
DOCUMENT: ANALYST: JMOUGEY MOUGEY, JEN

DATE: 2012/02/14 TIME: 10.01.55:
ACTION DATA/COMMENTS:

CUSTOMER SAID: = THE VEH HAS BEEN IN THE DLRSHIP THREE DIFFERENT TIMES FOR THE ISSUE= DAUGHTER WAS DRIVING THE VEH AND WAS IN AN ACCIDENT = THERE IS 9200 DOLLARS WORTH OF DAMAGE ON THE VEH = DOESNT FEEL SAFE IN THE VEH = VEH SURGES FORWARD AND THE BRAKES DO NOT STOP THE VEH = THE DLRSHIP HAS LOOKED AT THE VEH THREE TIMES AND HAS NEVER BEEN ABLE TO FIX= DLRSHIP CHANGED THE SHIFT CABLE ABOUT 2 WEEKS AGO1. DATE OF THE ACCIDENT= 2/9/2012 2. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT= THE BRAKES, AIR BAGS DIDNT DEPLOY3. IF THERE WERE ANY INJURIES SUSTAINED= BRUISE AND BACK ACHE, AND CHEST PAINS4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED= HWY 60 NEARING THE EXIT OF HWY 65 S5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED.= YES6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE.= CUST AT FAULT7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED.= 201200024233 CLARK COUNTY 8. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY.= YES9. 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 SURE11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE).= N/A12. WHAT THE CUSTOMER IS SEEKING = WANTS TO GET OUT OF THE VEHDEALER SAID: CARRIAGE FORD INC908 EAST LEWIS AND CLARK PARKWAYCLARKSVILLE IN 47129(812) 284-4444CRC 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.

[REDACTED]

[REDACTED]

(101) Citation: ISSUE PETITION FOR DAMAGES;

070926-1967-0

24TH JUDICIAL DISTRICT COURT
PARISH OF JEFFERSON
STATE OF LOUISIANA

LOUISIANA FARM BUREAU CASUALTY COMPANY AS
THE PARTIAL SUBROGEE TO THE RIGHTS OF, MICHAEL
D MITCHELL, JOY MITCHELL, BARRY PERKINS
versus
FORD MOTOR COMPANY

Case [REDACTED] Div: "C"
P 1 LOUISIANA FARM BUREAU
CASUALTY COMPANY AS THE
PARTIAL SUBROGEE TO THE
RIGHTS OF

To: FORD MOTOR COMPANY
THROUGH ITS AGENT FOR SERVICE OF PROCESS:
CT CORPORATION
8550 UNITED PLAZA BLVD.
BATON ROUGE, LOUISIANA 70809

EBR CK # 171822 \$29.79

DIV. C

JUDGE

June Berry Darensburg

PARISH OF JEFFERSON

You are hereby summoned to comply with the demand contained in the PETITION FOR DAMAGES of which a true and correct copy accompanies this citation, or make an appearance either by filing a pleading or otherwise, in the 24th Judicial District Court in and for the Parish of Jefferson, State of Louisiana, within FIFTEEN (15) CALENDAR days after the service hereof, under penalty of default.

This service was requested by attorney NANCY L. CROMARTIE and was issued by the Clerk Of Court on the 26th day of September, 2007.


Steve V Ivceovich, Deputy Clerk of Court for
Jon A. Gegenheimer, Clerk Of Court

(101) Citation: ISSUE PETITION FOR DAMAGES;

070926-1967-0

SERVICE INFORMATION

Received on the _____ day of _____, _____ and on the _____ day of _____, _____ served the above named party as follows:

PERSONAL SERVICE on the party herein named _____.

DOMICILIARY SERVICE on the party herein named by leaving the same at his domicile in this parish in the hands of _____, a person of suitable age and discretion residing in said domicile and whose name and other facts connected with this service, I learned by interrogating the said person, said party herein being absent from his residence at the time of said service.

PE16-017 000165 LC

DIV. C

JUDGE

June Berry Darensburg

24TH JUDICIAL DISTRICT COURT FOR THE PARISH OF JEFFERSON

STATE OF LOUISIANA

NO.

DIVISION

Louisiana Farm Bureau Casualty Company as the partial
Subrogee to the rights of/and Michael D. Mitchell, Joy Mitchell and Barry Perkins

versus

Ford Motor Company

FILED FOR RECORD
SEP 19 AM 9:41
S/A. REBER

FILED:

DEPUTY CLERK

PETITION FOR DAMAGES

NOW INTO COURT through undersigned counsel come LOUISIANA FARM
BUREAU CASUALTY INSURANCE COMPANY, a domestic insurer, authorized to do and
doing business in the State of Louisiana and [REDACTED]
persons of the full age of majority and residents of Calcasieu Parish who submit the following:

I.

Made defendant herein is FORD MOTOR CORPORATION, a foreign corporation,
authorized to do and doing business in the State of Louisiana with its principal business
establishment in Louisiana located in Metairie, Parish of Jefferson, State of Louisiana.

II.

Defendant is liable to plaintiffs in the amount of \$25,059.68.

III.

On or about October 17, 2006, Joy and Michael Mitchell were the owners of a 2007 Ford
Fusion, which was involved in a two car accident causing significant damage to the vehicle
owned by the [REDACTED] The accident, which occurred on La. Highway 27 in
Calcasieu Parish, was caused by a defective brake system master cylinder

IV.

On October 17, 2006, there was in full force and effect a policy of insurance issued by

PE16-017 000166 LC

V.

Louisiana Farm Bureau Casualty Insurance Company also paid \$2,393.49 to [REDACTED]

[REDACTED] to compensate him for the damage done to his vehicle.

VI.

Due to paying such proceeds Louisiana Farm Bureau Casualty Insurance Company is partially subrogated to the rights of [REDACTED]

VII.

Defendant, Ford Motor Company, which manufactured the vehicle is liable to our petitioners for the negligence and/or fault in the following, not exclusive particulars, including actions falling within the purview of the Louisiana Products Liability Act, La. R.S. 9:2800.51 et seq. including but not limited to:

- (a) the design and manufacture of a vehicle with inherent defects which defendant knew or should have known could cause an accident;
- (b) the sale of a vehicle with inherent defects which defendant knew or should have known could cause a accident;
- (c) failure to warn prospective purchasers of the vehicle about the likelihood the possibility that the vehicle might catch accident;
- (d) failing to issue a product recall of an inherently defective vehicle;
- (e) placing an inherently defective product into the stream of commerce;
- (f) manufacturing a product unreasonably dangerous in construction of composition;
- (g) manufacturing a product unreasonably dangerous in design;
- (h) any and all other acts of negligence that may appear herein at the discovery or at trial hereof.

WHEREFORE, petitioners pray that Ford Motor Corporation be served with a copy of the petition and that it be cited to appear and answer same and after all legal delays and proceedings had there be judgment herein in favor of Louisiana Farm Bureau Casualty Insurance Company, Barry Perkins, Joy and Michael Mitchell in the amount prayed for plus legal interest from the date of judicial demand until paid and for all costs of these proceedings and for all

PLEASE SERVE:

Ford Motor Corporation
Thru its agent for service of process:
CT Corporation
8550 United Plaza Blvd.
Baton Rouge, Louisiana 70809

TOTAL NUMBER OF VEHICLES INVOLVED **2**

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

REPORT NUMBER **546330** PAGE **1**

DATE OF CRASH **10/17/2006** TIME **17:05**

TROOP **D**

LAT. **30.27986**
LONG **93.35876**

PARISH **Calcasieu**
CITY OR TOWN

PARISH CODE **10**
CITY CODE

Quesada Service Road
NW SW NE SE S W

CRASH OCCURRED ON **27** MILEPOST **088.70**

C:State Highway DISTANCE **.4** MILES **8** FEET **S**

ROADWAY NAME **LA 27**

STREET/BOULEVARD **LA 379** NOT AT INTERSECTION

STREET/BOULEVARD

WORK ZONE HIT & RUN
PUBLIC PROPERTY DAMAGE PHOTOGRAPH
VIOLENCE INVOLVED FATALITY
PED BATTERY

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE A: Dry B: Black Top	ROADWAY CONDITIONS A: No Abnormalities	TYPE OF ROADWAY B: Two-Way Road w/ No Physical Separation	ALIGNMENT A: Straight - Level	PRIMARY FACTOR A: Violations
WEATHER B: Cloudy	LAND OF LOCATION G: Open Country	RELATION TO ROADWAY A: On Roadway	ACCESS CONTROL A: No Control (Unlimited Access to Road)	SECONDARY FACTOR B: Movement Prior to Crash LICKING A: Daylight

VEHICLE CONFIGURATION

A PASSENGER CAR	D A, B, C, OR S WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 15 OR MORE OCCUPANTS	M SINGLE UNIT TRUCK W/2 AXLES OR	Q TRACTOR	T TRACTOR SEMI-TRAILER	U FARM EQUIPMENT
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCCUPANTS	N TRUCK TRAILER	R TRUCK DOUBLE	V MOTOR HOME	
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/2 AXLES	P TRUCK TRACTOR	S SUV	Z OTHER	

CAR TO BODY TYPE

A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER
B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER	K POLE TRAILER
C CARGO TANK	F CONCRETE MIXER	I GARBAGE/ REFUSE	X NO CARGO BODY
			Z OTHER

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD SEAT-LEFT SIDE H - THIRD SEAT-MIDDLE I - THIRD SEAT-RIGHT SIDE	J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER L - PASSENGER IN OTHER M - PASSENGER IN OTHER N - PASSENGER IN OTHER O - PASSENGER IN OTHER P - PASSENGER IN OTHER Q - PASSENGER IN OTHER R - PASSENGER IN OTHER S - PASSENGER IN OTHER T - PASSENGER IN OTHER U - PASSENGER IN OTHER V - PASSENGER IN OTHER W - PASSENGER IN OTHER X - PASSENGER IN OTHER Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED C - TRAPPED/NOT D - TRAPPED/NOT E - TRAPPED/NOT F - TRAPPED/NOT G - TRAPPED/NOT H - TRAPPED/NOT I - TRAPPED/NOT J - TRAPPED/NOT K - TRAPPED/NOT L - TRAPPED/NOT M - TRAPPED/NOT N - TRAPPED/NOT O - TRAPPED/NOT P - TRAPPED/NOT Q - TRAPPED/NOT R - TRAPPED/NOT S - TRAPPED/NOT T - TRAPPED/NOT U - TRAPPED/NOT V - TRAPPED/NOT W - TRAPPED/NOT X - TRAPPED/NOT Y - UNKNOWN	A - DEPLOYED B - NOT C - DEPLOYED D - NOT E - DEPLOYED F - NOT G - DEPLOYED H - NOT I - DEPLOYED J - NOT K - DEPLOYED L - NOT M - DEPLOYED N - NOT O - DEPLOYED P - NOT Q - DEPLOYED R - NOT S - DEPLOYED T - NOT U - DEPLOYED V - NOT W - DEPLOYED X - NOT Y - UNKNOWN	A - NONE USED - VEHICLE B - SHOULDERS BELT ONLY USED C - LAP BELT ONLY USED D - SHOULDERS AND LAP BELT E - CHILD SAFETY SEAT F - CHILD SAFETY SEAT G - CHILD SAFETY SEAT H - CHILD SAFETY SEAT I - CHILD SAFETY SEAT J - CHILD SAFETY SEAT K - CHILD SAFETY SEAT L - CHILD SAFETY SEAT M - CHILD SAFETY SEAT N - CHILD SAFETY SEAT O - CHILD SAFETY SEAT P - CHILD SAFETY SEAT Q - CHILD SAFETY SEAT R - CHILD SAFETY SEAT S - CHILD SAFETY SEAT T - CHILD SAFETY SEAT U - CHILD SAFETY SEAT V - CHILD SAFETY SEAT W - CHILD SAFETY SEAT X - CHILD SAFETY SEAT Y - UNKNOWN	A - FATAL B - NON FATAL C - NON FATAL D - NON FATAL E - NON FATAL F - NON FATAL G - NON FATAL H - NON FATAL I - NON FATAL J - NON FATAL K - NON FATAL L - NON FATAL M - NON FATAL N - NON FATAL O - NON FATAL P - NON FATAL Q - NON FATAL R - NON FATAL S - NON FATAL T - NON FATAL U - NON FATAL V - NON FATAL W - NON FATAL X - NON FATAL Y - UNKNOWN

EMERGENCY SERVICES ☐ AIRSALVAGE SERVICE ☐ TIME CALLED ☐ ARRIVED SCENE ☐ DEPARTED SCENE ☐ ARRIVED HOSPITAL ☐ RESCUE LIST ☐

INVESTIGATING AGENCY **Louisiana State Police** TIME OF NOTIFICATION **17:11** TIME OF ARRIVAL **17:15** TIME ALLIANCE OPENED **17:20**

INVESTIGATING OFFICER **Faigles, John** INVESTIGATING POLICE AGENCY **A: State** REPORT COMPLETED **10/17/2006**

INVESTIGATING OFFICER'S NAME **Faigles, John** SIGNATURE **[Signature]** BADGE # **2075** SUPERVISOR'S INITIALS **[Signature]**

OCT 30 2006

REPORT NUMBER [REDACTED] PAGE # 2

MB OCT 30 2006

**STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN**

REPORT NUMBER [REDACTED] PAGE # 3

VEH #2 A X YEAR 1996 MAKE CHEVROLET MODEL LUMINA # DOORS 4 # AXLES 2 # TIRES 4

VAN. 2G1WL52M9T8 VEHICLE TONED B:No REMOVED BY DRIVER

YEAR 2007 STATE LA NUMBER [REDACTED] TYPE PASSENGER CAR GEAR/GEAR [REDACTED] REASON TONED [REDACTED]

TRAILER DESCRIPTION [REDACTED] NONE [REDACTED] TYPE [REDACTED] LICENSE PLATE [REDACTED] YEAR [REDACTED] STATE [REDACTED] NUMBER [REDACTED]

VEHICLE DESCRIPTION [REDACTED] COMMERCIAL BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☐ PERSONAL VEHICLE ☒

NAME (LAST, FIRST, MI) OF ☒ DRIVER ☐ PEDESTRIAN [REDACTED]

STREET ADDRESS [REDACTED] TELEPHONE # [REDACTED]
CITY Starks STATE LA ZIP 70661

DOB	SEX	RACE	AGE	PLU
A	A	B	D	M
W	51	D		

DATE OF BIRTH [REDACTED] TRANSPORTED TO MEDICAL FACILITY C:Refused Aid

STATE LA CLASS E ENDORSEMENTS [REDACTED] DRIVER'S LICENSE NUMBER [REDACTED] INSTRUCTED TO SIGNATURE INFORMATION YES NAME OF FACILITY [REDACTED]

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) [REDACTED] TELEPHONE # [REDACTED]

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

INSURANCE CO. NAME PROGRESSIVE SECURITY POLICY NUMBER [REDACTED] EXPIRATION DATE 11/06/2006

AGENT'S NAME/ADDRESS C&K CASUALTY INSURANCE; DEQUINCY, LA 70633 PHONE # 337-786-2136

CO-INSURER NAME (LAST, FIRST, MI) [REDACTED] ADD-ON [REDACTED] LOC-TH [REDACTED] TRAP-EXTR [REDACTED] AIR-BAG [REDACTED] OCC-PROT [REDACTED] SEX [REDACTED] RACE [REDACTED] AGE [REDACTED] PLU [REDACTED]

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED] TRANSPORTED TO MEDICAL FACILITY [REDACTED] NAME OF FACILITY [REDACTED]

VEHICULAR OBSERVATIONS	CONDITION OF DRIVER	VIOLATION	DRIVER DISTRACTION	REASON FOR MOVEMENT
N:No Observations	A:Normal	U:No Violations	E:Not Distracted	P:Normal Movement
MOVEMENT PRIOR TO CRASH	TRAFFIC CONTROL	TRAFFIC CONTROL COMMENTS	VEHICLE CONDITION	VEHICLE LIGHTING
A:Stopped	S:Yellow Dashed Line	A:Controls Functioning	K:No Defects Observed	A:Headlights On
SEQUENCE OF EVENTS - 1ST	SEQUENCE OF EVENTS - 2ND	SEQUENCE OF EVENTS - 3RD	SEQUENCE OF EVENTS - 4TH	SEQUENCE OF EVENTS - 5TH
S:Motor Vehicle In Transport				S:Motor Vehicle In Transport

ALCOHOL/ DRUG INVOLVEMENT		ALCOHOL		APPROXIMATE ALCOHOL WT LABEL NAME	
ALCOHOL DRUGS SUSPECTED	A:Neither Alcohol nor Drugs	ALCOHOL	B:No Test Given	[REDACTED]	
DRUGS	A:Test Not Given	SAC	[REDACTED]	[REDACTED]	
INVESTIGATOR'S SIGNATURE	ON TRIP REPORT OR OTHER	FINAL LOCATION OF VEHICLE	DRIVER TRAVELED AFTER IMPACT	DATE	TIME
[REDACTED]	LA 27	MOVED	UNKNOWN	000	55
				000	000
				000	000
				000	000

DAMAGE TO VEHICLE		CITATION NO.		R.R. GROUND NO.	
1ST AREA DAMAGED	1ST EXTENT OF DAMAGE	N/A		N/A	
G:Rear Bumper	C:Minor				
H:Left Rear Fender	C:Minor				
F:Right Rear Fender	C:Minor				
		NOTES OF INSURANCE VIOLATION			

File OCT 30 2006

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE/DIAGRAM

REPORT NO. [REDACTED] PAGE # 4

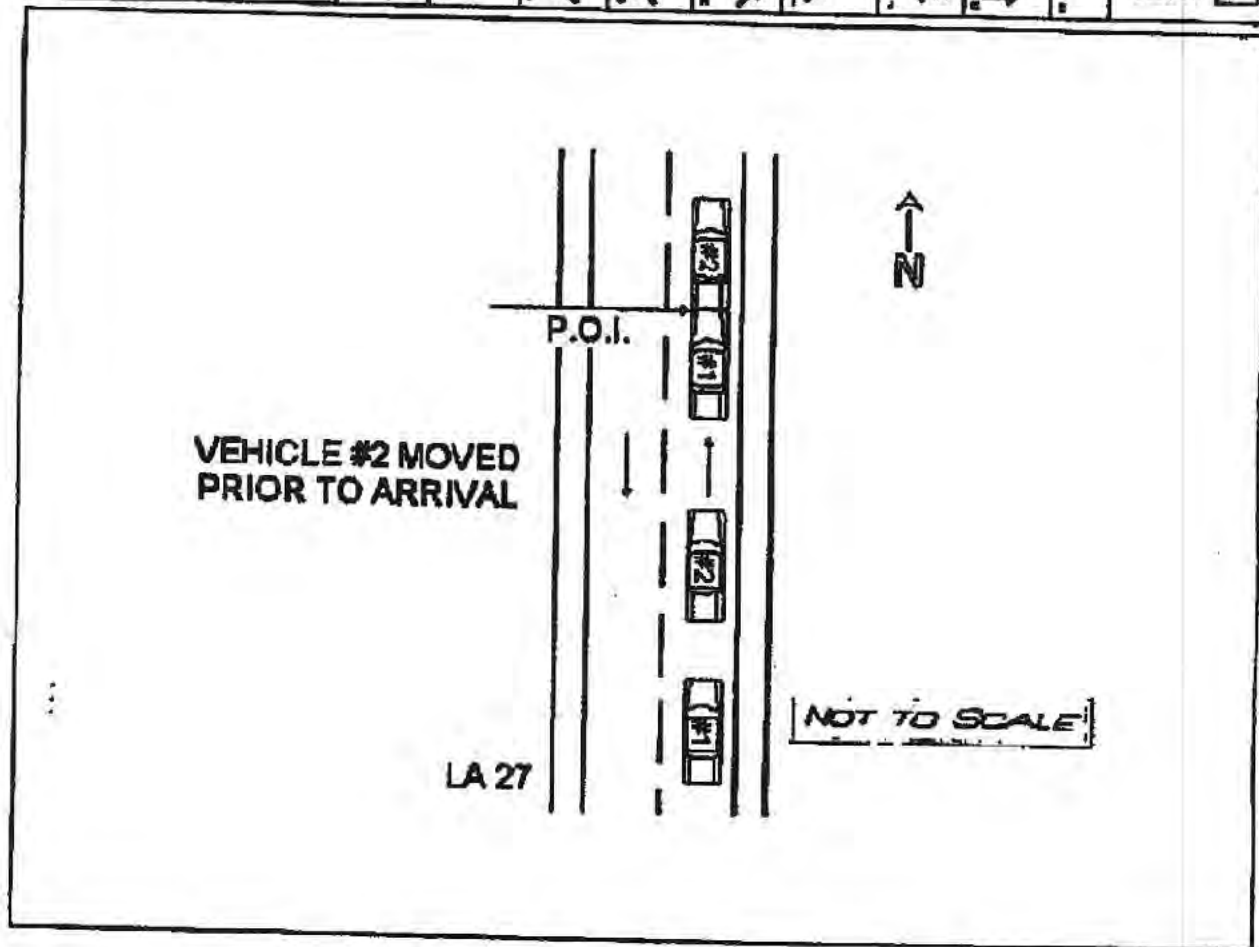
OFFICER'S NARRATIVE: VEHICLES #1 AND VEHICLE #2 WERE BOTH TRAVELING NORTHBOUND ON LA 27. VEHICLE #1 WAS TRAVELING BEHIND VEHICLE #2. INVESTIGATION REVEALED THAT VEHICLE #2 WAS SLOWING TO A STOP, DUE TO THE TRAFFIC IN FRONT OF HIM STOPPING. AS VEHICLE #2 CAME TO A STOP, VEHICLE #1 STRUCK VEHICLE #2 IN THE REAR. VEHICLE #2 MOVED PRIOR TO MY ARRIVAL.

THE DRIVER OF VEHICLE #1 STATED THAT HE WAS HEADING NORTHBOUND ON LA 27, TRAVELING BEHIND VEHICLE #2. DRIVER #1 STATED THAT HE GLANCED AWAY FOR A MOMENT TO LOOK AT A DEAD DOG WHICH WAS ON THE NORTHBOUND SHOULDER OF THE ROADWAY. DRIVER #1 STATED THAT, WHEN HE LOOKED BACK UP, VEHICLE #2 AND OTHER VEHICLES WERE STOPPED IN FRONT OF HIM. DRIVER #1 STATED THAT HE APPLIED HIS BRAKES AND TRIED TO STOP, BUT HE WAS NOT ABLE TO STOP IN TIME. DRIVER #1 STATED THAT HE THEN CRASHED INTO THE REAR OF VEHICLE #2.

THE DRIVER OF VEHICLE #2 STATED THAT HE WAS TRAVELING NORTHBOUND ON LA 27. DRIVER #2 STATED THAT HE WAS STOPPING, DUE TO THE TRAFFIC IN FRONT OF HIM, WHICH HAD JUST STOPPED. DRIVER #2 STATED THAT AS HE CAME TO A STOP, VEHICLE #1 STRUCK HIS VEHICLE IN THE REAR.

THERE WERE NO WITNESSES AT TIME OF THE REPORT.

NON-COLLISION WITH MOTOR VEHICLE	REAR END	HEAD-ON	RIGHT ANGLE	LEFT TURN	LEFT TURN	LEFT TURN	RIGHT TURN	RIGHT TURN	RECOVERING SAME	RECOVERING OPPOSITE	OTHER	MANNER OF COLLISION
A	B	C	D	E	F	G	H	I	J	K	L	8



MAILED OCT 30 2003

0
546330

Project Time & Cost

PT&C FORENSIC CONSULTING SERVICES, P.A.
a Project Time & Cost, Inc. Company
2727 Paces Ferry Road
Suite 1-1200
Atlanta, GA 30339
(770) 444-9799
Fax (770) 444-9808
www.ptcinc.com

De Ridder
Inspection

January 2, 2007

[REDACTED]
De Ridder, LA [REDACTED]

Subject: File No. [REDACTED]
Claimant [REDACTED]
Project: Vehicle brake system inspection
PTC File No: B811

Dear Mr. [REDACTED]

On December 19, 2006 Southern Farm Bureau, LA (De Ridder) retained PT&C Forensic Consulting Services, P.A. to inspect claimant's vehicle and if able determine the cause of a reported brake system failure. On December 28, 2006 PT&C Forensic Consulting Services, P.A. inspected a silver 2007 four door Ford Fusion VIN# 3FAHP07Z37R [REDACTED]

The vehicle had sustained frontal damage as result of a collision with the rear of another vehicle.

CONCLUSIONS

The reported brake system failure was confirmed by our inspection which revealed a significant problem with the brake system master cylinder. The foot pedal, when depressed, traveled to the floor with no resistance other than the brake pedal return spring. No significant braking action was observed at the wheels.

DISCUSSION

The described vehicle was inspected on December 28, 2006 at Insurance Liquidators facility 301 Malapart Rd., Lafayette, LA.

An external visual inspection/examination of the vehicle revealed that the vehicle had sustained right frontal damage as result of a collision with the rear of another vehicle (Attachment A, Photographs 1). The collision damage did not compromise any of the braking system components such as the master cylinder, brake lines or brake calipers. All brake components were securely attached, free of leaks and in proper alignment at time of inspection. The master cylinder reservoir had an adequate brake fluid level. (Attachment A, Photographs 2, 3, 4, 5 and 6).

JUL 18 2007

Project
Time & Cost

Mr. [REDACTED]

January 2, 2007

Page 2 of 7

PTC File No. B811

The brake foot pedal when depressed traveled to the floorboard. (Attachment A, Photographs 7 and 8). The only noted resistance to this travel was from the brake pedal return spring. The brake pedal master cylinder push rod was firmly attached and in proper alignment.

ANALYSIS

PT&C Forensic Consulting Services, P.A. believes the cause of the brake system failure to be a defective brake master cylinder. The master cylinder was not removed from the vehicle for further inspection at request of our client.

This report is for the exclusive use of our client and is not intended for any other purpose. Our report is based on the information available to us at this time. Should additional information become available, we reserve the right to determine the impact, if any, of the new information on our opinions and conclusions, and to revise our opinions and conclusions if necessary and warranted by the discovery of additional information.

Thank you for allowing us to provide this service. If you have any questions or need additional assistance, please call.

Sincerely,

PT&C Forensic Consulting Services, P.A.

M. E. Miller

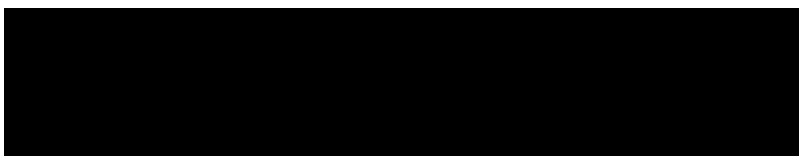
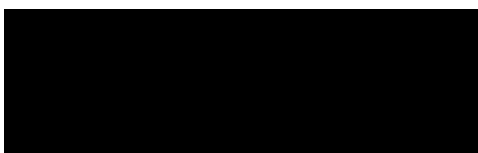
Mike Miller
Senior Forensic Consultant

Van E. Fisher

Van E. Fisher, P.E.
Vice-President Southwest Region



JUL 18 2007



October 15, 2008

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

OCT 22 2008

OFFICE OF THE
GENERAL COUNSEL

FORD MOTOR COMPANY
CONSUMER AFFAIRS
PO BOX 6248 MD-3NE-B
DEERBORN, MI 48126

Our Claim No:

Our Insured:

Our Policy No:

Loss Date: 07/15/2008

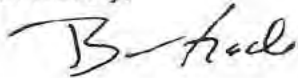
Dear Ford Motor Co.:

We have been called upon by our insured to make payment under the above policy for collision damage. The total amount of the loss is \$2,558.71, which includes our insured's \$250 deductible. She also had out of pocket expenses of \$48.42.

The investigation of this accident reveals that there was a defect with the brake system of our insured's 2007 Ford Fusion VIN# 3FAHP01127R [REDACTED]. Thus, we feel you are at fault for the damages sustained. We are subrogated to the rights of our insured and are pursuing our subrogation claim against you in the amount of \$2,558.71. Enclosed please find our supporting documents.

Your prompt reply will be appreciated.

Sincerely,



Brian Gade
Claims Adjuster
Phone: (800) 362-2041, Ext. 8151
Fax: (800) 892-2306
Email: bgade@gmrc.com

Enc. Proof of Payment

Copy of Invoice for brake work to 2007 Ford Fusion
Photo of damage to 2007 Ford Fusion



Office of the General Counsel

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

September 19, 2008

Grinnell Mutual Reinsurance Company
PO Box 790
Grinnell, IA 50112-0790
ATTENTION: BRIAN GADE

RE: Your Insured: [REDACTED]
Your Claim #: [REDACTED]
DOL: 07/15/08

Dear Mr. Gade:

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.
- ☒ 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. 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 and state of occurrence: North Fergus, MI
- 10. The 17 digit vehicle identification number: 3FA1P01127R [REDACTED]
- 11. What was the mileage at time of occurrence: 9,021
- 12. What is the alleged defect: Master Cylinder leaking
- 13. Has the alleged defective part been repaired or replaced? (circle one) Yes or No

14. What is the current location of the vehicle, and the alleged defective part(s)?
Defective part sent into Ford by local dealer, father family Ford
15. List all after market additions or modifications that were made to the vehicle:

16. Was the engine running? (circle one) Yes or No
17. Were the keys in the ignition? (circle one) Yes or No
18. Was this vehicle purchased new or used: _____
If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased: _____

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 an inspection is warranted.

Please be advised that all necessary steps should be taken to ensure that the incident scene, the subject vehicle and all of its component parts are maintained and preserved. Ford Motor Company has the right to inspect the fire scene and the vehicle and remove and test any vehicle 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, 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,

ATLW

Alma Taylor
Claims Analyst

00-22-00
0-030

39036



INVOICE

 HARWOOD, ND
 HOME:

BUS:

PAGE 1

 FARGO - MOORHEAD
 3302 36th Street S.W. · Fargo, ND 58104
 Phone (701) 282-2350 Toll Free (800) 307-4813
 www.lutherfamilyford.com
 e-mail: service@lutherfamilyford.com

SERVICE ADVISOR: 960 CHAD GALEBRAITH

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
JP SILVER	07	FORD FUSION	3FAHP01127R		9021/9021	T200	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
29MAR07 IS			19:54 21JUL08		0.00	CASH	22JUL08
R.O. OPENED	READY	OPTIONS:	STK:	DLR:58D600	ENG:3.0	SOLD	JOSH
		TRN:AT					

12:17 21JUL08 16:23 22JUL08

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

A CUSTOMER STATES THE BRAKES FEEL SPONGEY, CHECK FOR LEAK

CAUSE: 9021 CHECK OUT BRAKE SYSTEM AND FOUND NO LEAKS EXTER NALLY

REMOVED BRAKE MASTER CYLINDER FROM BRAKE BOOSTER AND FOUND MASTER TO BE LEAKING

2005AA BRAKE BOOSTER ASSEMBLY - REMOVE AND INSTALL OR REPLACE (2005) - L

95 WQL

1 6E5Z*2140*BA CYLINDER ASY - MASTER

1 6E5Z*2005*E BOOSTER ASY - BRAKE

FC: H15 42

PART#: 6E5Z*2005*E

COUNT:

CLAIM TYPE:

AUTH CODE:

2995

 9021 CHECK OUT BRAKE SYSTEM AND FOUND NO LEAKS EXTER NALLY REMOVED
 BRAKE MASTER CYLINDER FROM BRAKE BOOSTER AND FOUND MASTER TO BE LEAKING
 INTO BOO STER REPLACED BRAKE MASTER AND BOOSTER REASSEMB ED ADJUSTED
 BRAKE PUSHROD AND BLED BRAKES ROAD TESTED AND FOUND NORMAL OPERATION AT
 THIS TIME

(N/C)

(N/C)

(N/C)

B OIL AND FILTER CHANGE

LOF OIL AND FILTER CHANGE

95 CQM

1 PL*820*S FILTER ASY-OIL

5 5W20-C 5W20 MOTORCRAFT

9021 OIL AND FILTER CHANGE

	11.25	11.25
4.95	4.95	4.95
2.41	2.41	12.05

Disclaimer of Warranties: The Seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

CUSTOMER SIGNATURE

Thank you for this
opportunity to serve you.

Hours:

Monday - Thursday
7:00 A.M. - 7:00 P.M.

Friday

7:00 A.M. - 5:00 P.M.

Saturday

8:00 A.M. - 5:00 P.M.

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

Copyright 1999/08, ALL SERVICE INVOICES TO JESIC

CUSTOMER COPY

39036



INVOICE

Attn Melissa

HARWOOD, ND

HOME:

BUS:

PAGE 2

FARGO - MOORHEAD
3302 38th Street S.W. · Fargo, ND 58104
Phone (701) 282-2350 Toll Free (800) 307-4813
www.lutherfamilyford.com
e-mail: aervice@lutherfamilyford.com

SERVICE ADVISOR: 960 CHAD GALBRAITH

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
JP SILVER	07	FORD FUSION	3FAHP01127R		9021/9021	T200	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT	INV. DATE
29MAR07 IS			19:54 21JUL08		0.00	CASH	22JUL08
R.O. OPENED	READY	OPTIONS: STK: DLR:58D600 ENG:3.0 SOLD_JOSH					
12:17 21JUL08	16:23 22JUL08	TRN:AT					
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

We Appreciate Your Business
If for any reason you were not "Completely Satisfied" with your service visit, please contact our Service Manager, Brad Jordet at 701-282-2350 or 1-800-307-4813 or by email brad.jordet@lutherfamilyford.com

Disclaimer of Warranties: The Seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

CUSTOMER SIGNATURE

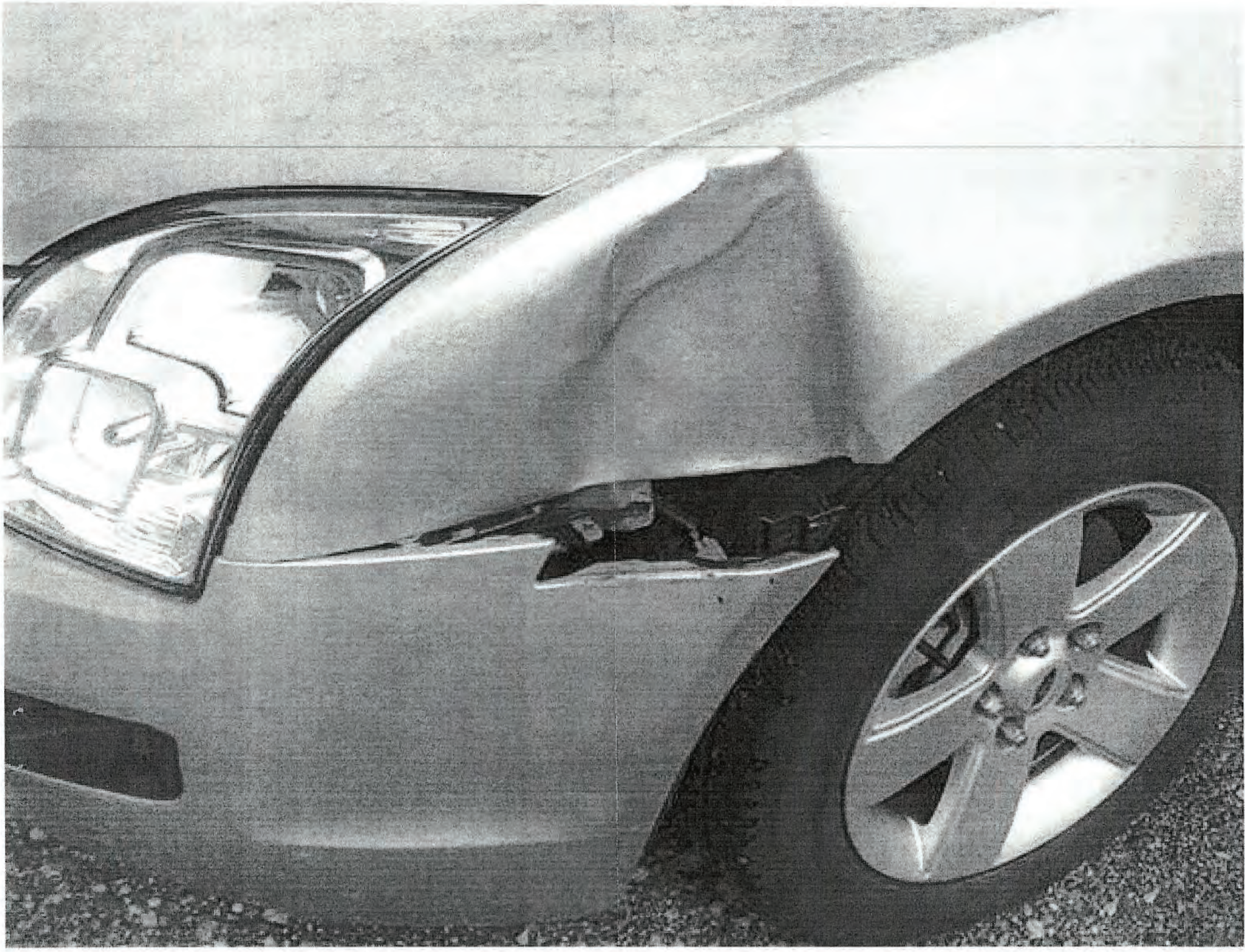
Thank you for this opportunity to serve you.

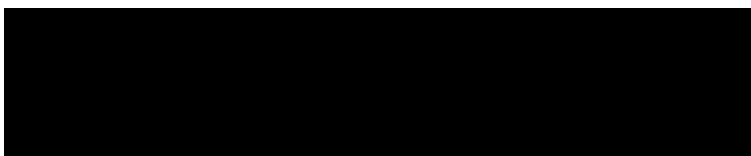
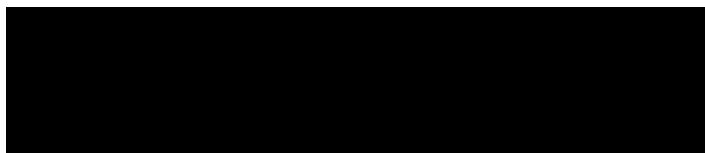
Hours:
Monday - Thursday
7:00 A.M. - 7:00 P.M.
Friday
7:00 A.M. - 6:00 P.M.
Saturday
8:00 A.M. - 5:00 P.M.

DESCRIPTION	TOTALS
LABOR AMOUNT	11.25
PARTS AMOUNT	17.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	28.25
LESS INSURANCE	0.00
SALES TAX	1.02
PLEASE PAY THIS AMOUNT	29.27

Copyright © 2008, L.F. Service Invoice 2.0 4/08

CUSTOMER COPY





**Dealer/Fleet Request For OGC Review**

From: "dcpform@ford.com" <dcpform@ford.com>

To: steveb3535@yahoo.com

Tuesday, March 2, 2010 3:45 PM

RECEIVED

Dealer/Fleet Request For OGC Review**Dealership/Fleet Name:** NORTHGATE FORD INC
Requesting Dealer/Fleet: NORTHGATE FORD INC**Contact Person:** STEVE BRUSH**Title:** SERVICE MGR.**Address:** 3600 PINE GROVE AVE**Telephone:** 8109845011**Email Address:** steveb3535@yahoo.com**PA Code:** 02663**Region:** DETROIT**City:** PORT HURON**Dealer State:** MI**Fax Number:** 810-984-2380**WSD:** 04/20/2009**Vehicle Year:** 2009**Vehicle Model:** FUSION**Vehicle VIN:** 3FAHP07149R [REDACTED]**Mileage:** 9195**Customer/Fleet Name:** [REDACTED]**Street Address:** [REDACTED]**City:** PORT HURON**State:** Michigan**Zip Code:** [REDACTED]**Home Phone:** [REDACTED]**Work Phone:** [REDACTED]**Customer Region:** G2 - Detroit**Incident Involves:** Accident**Date of Incident:** 03/01/2010**County in which Incident occurred:** ST. CLAIR COUNTY**Is Alleging Defect:** Yes**Alleging defect detail:** SUDDEN ACCELERATION AND BRAKE FAIULRE**Police Report Filed:** Yes**Police Report detail:** ST. CLAIR COUNTY SHERIFF DEPT.**Insurance Company Contacted:** N**Insurance Company Contact Information:** AAA INS CO.**Coach Builder State:** AK - Alaska**Vehicle Location:** NORTHGATE FORD INC.**Resolution Sought Detail:** NO INSURANCE DEDUCTABLE TO BE PAID BY CUSTOMER AS THEY FEEL IT IS A DEFECT, ALSO TO BE CERTAIN THAT THEIR CONCERNS ARE PROPERLY REPAIRED BEFORE VEHICLE IS RELEASED BACK TO THEM

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

<http://us.mc368.mail.yahoo.com/mc/showMessage?sMid=0&filterBy=&.rand=826860824&...> 3/2/2010

Report# : [REDACTED] **Received:** 03/02/2010
CCRG/EPRC: [REDACTED] **Reviewed Status:** **Date:**
Vehicle: 2009,FUSION,SE ,SEDAN ,3FAHP07149R [REDACTED] **Build Date:** 06/28/2008
Odometer : 9,195 M **Engine:** 3.0L DOHC **Calibration:** 8DE1F60A
Transmission: 6SPD AISIN **Axle:** **A/C:** YES
Dealer: USA 02663 Northgate Ford, Inc. **Phone#:** (810) 984-5011
City: Port Huron **State:** Michigan **Country :** USA
Originator: FRED WEHRWEIN
Symptom: 6 19 4 00 DRVABL,FAST IDLE,IDLE TEMP,OTHER-CODE NA
Status:
VFG: V40 GOOD IDLE QUALITY
Additional Symptom: ALLEGED HIGH IDLE.
Fix: **Causal Component :**
Condition Code:

Hotliner: MSCHMI56**Phone:** 000 317-9375**Regn Cd:** G2 Detroit**Engineering:****Phone:****TAR:****Dlr Contact:** FRED WEHRWEIN**Phone:** 810 984-5011**Title Cde:** T**KOEO:****KOEC:****KOER:**

REPAIR 03/02/2010 02:17PM MATTHEW SCHMIDT MSS - FCSD - TECH SVC HOTLINE
WEB FORM DATA - CONCERN: CUSTOMER CONCERN: A) CUSTOMER STATES WHEN
ACCELERATING WENT TO BRAKE CAR KEPT ACCELL RAN INTO CAR PUT VEHICLE
IN REVERSE AND DID THE SAME IN REVERSE DIAGNOSTICS: CHECKED FOR
DTCS - NONE STORED. TEST DROVE APROX 25 MILES COULD NOT DUPLICATE
CONCERN. INSPECTED ACCELERATOR PEDAL - MOVE FREELY, DOES NOT BIND.
INSPECTED THROTTLE BODY - NO FAULTS SEEN. PARTS REPLACED::
NONE TECH QUESTION: ANY KNOWN CONCERNS OR ISSUES? PLEASE LIST
FUEL TRIM READINGS: PLEASE LIST ANY VEHICLE MODIFICATIONS, OR TYPE
NONE. NONE

RECOMM 03/02/2010 02:17PM MATTHEW SCHMIDT MSS - FCSD - TECH SVC HOTLINE

PLEASE HAVE THE SERVICE MANAGER FILL OUT THE DEALER REQUEST FOR
CONSUMER AFFAIRS REVIEW FORM PRIOR TO PREFORMING ANY FURTHER
DIAGNOSIS. SELECT THE PARTS AND SERVICE TAB ON FMCDEALER HOME PAGE.
THEN SELECT THE CUSTOMER SATISFACTION LINK FROM THE MENU ON THE LEFT.
FINALLY SELECT THE DEALER/FLEET REQUEST FOR OGC REVIEW LINK FROM THE
DROP DOWN MENU. ISM 07-03-017 REPORTED FIRE, ACCIDENT, & /OR INJURY
HAS OCCURRED DUE TO AN ALLEGED PRODUCT DEFECT - REQUEST FOR CONSUMERS

AFFAIRS REVIEW FORM PROCESS

Requester: ATAYLO29

Report Summary

Server: ECCWS686

Ford Proprietary, Private

8-Mar-2010

Retention: None

FRONT GWR: 1087KG/2375LB
THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR
VEHICLE SAFETY, BUMPER, AND THEFT PREVENTION STANDARDS
IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE

VIN: 3FAHP07149R [REDACTED] TYPE: Passenger Car
MAXIMUM LOAD - OCCUPANTS + GEARAGE - 365KG/800LB
OCCUPANTS - 5 TOTAL: 2 FRONT, 3 REAR

TIRE (FR): P205/60R16
(RR): P205/60R16

RIMS (FR): 16X6 SJ
(RR): 16X6 SJ

PRESSURE (FR): 235 kPa/ 34 PSI COLD (RR): 235 kPa/ 34 PSI



3FAHP07149R [REDACTED]

TRAILER TOWING - SEE OWNER GUIDE

EXT PNT: 62

RC: 45 DSD:

F0082

INT	TR	TP/PS	IR	AXLE	TR	SPR	BOEIF
FW			B	34	8	8822	60A

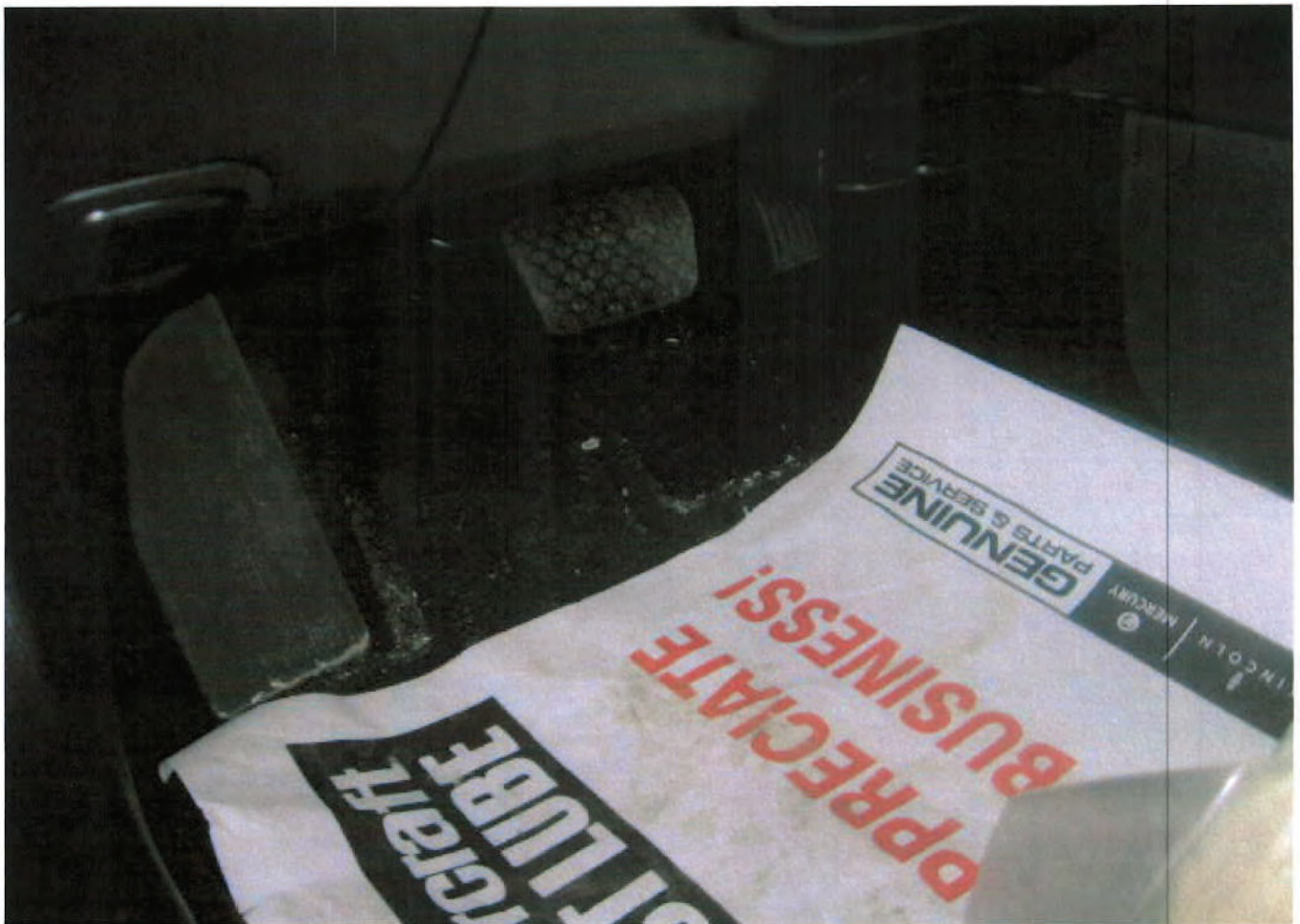
R0094

CMC 95USA-5420472-J

PORT HURON, MI

NORTHGATE















Case Print Report

Case Number [REDACTED]

Case Opened Date 1/3/2017 5:02 PM

Case Closed Date 1/3/2017 5:19 PM

Case Status Resolved

Case Last Modified 1/3/2017 5:19 PM

Responsible Team Tier 1 Inbound

Case Classification Legal > Alleged Accident/Property Damage or Fire (Visible flames) due to Product Defect > Customer does not have insurance > Requests Financial Assistance

Customer Name [REDACTED]

Customer Number [REDACTED]
[REDACTED]

OLD HICKORY

TN

Email

Dealer

VIN 3FAHP07Z69R [REDACTED]

Year 2009

Make FORD

Model FUSION

Body Style P07 - FUSION SE 4-DR SEDAN

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Not Listed

Level 4 OTHER

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JAN 04 2017

OFFICE OF THE
GENERAL COUNSEL

Case Print Report

Case Number [REDACTED]

Agent Name	Note Created On
------------	-----------------

Shannon Rickards

1/3/2017 5:18 PM

CUST SAYS:

Cust said she ran in to a pole and felt it may have something to do with the investigation for 2007-09 Fusion she saw on tv.

1. Has the customer filed a claim with their insurance company? No, Cust does not have full coverage on the vehicle.
- o If YES – continue with remaining questions
2. If a claim has been filed with their insurance company, what is the status of the claim? n/a
3. Is the vehicle repairable? Yes
4. Were any injuries sustained? No
5. What are you seeking from Ford Motor Company? Body damage to be repaired.
6. What was the date of the accident? Sept 28.2016.
7. What product defect is alleged to have caused the accident? Brakes would not stop the vehicle.
8. What is the city and state where the accident occurred? Hermitage, TN
9. Was a police report filed? no
10. If a police report was filed, what were the findings? n/a
11. What is the police report number and in what city and county was the report filed? n/a
12. What is the name and address of the customer's attorney? (Ask this question only if the customer mentions they have sought/retained an attorney).
13. What mailing address would you like our Office of General Council to send your written response to?

[REDACTED]
Old hickory TN, [REDACTED]

PER CUST, DLR SAYS:

n/a

CRC ADVISED:

Regarding the NHTSA investigation on 2007-09 Fusion/Milan for extended brake pedal travel Ford Motor Company will cooperate with the agency during their investigation

I will forward your information to Ford's Office of the General Counsel. You should receive a written response within 15 Days business days to your concern.

[REDACTED]

[REDACTED]

AUG 12 2015 *SM* P.L.

LINCOLN MOTORS
DEARBORN, MICHIGAN

15 AUG 10 10:00

RE: LINCOLN MALFUNCTION

ON 03/27/15 MY 2009 LINCOLN MKG EXPERIENCED SOME KIND OF FAILURE & CAUSED AN ACCIDENT. DETAILS ARE IN ATTACHED LETTER. I REPORTED THE MALFUNCTION TO THE NATIONAL HIGHWAY SAFETY BOARD THE SAME DAY AS THE ACCIDENT & HAVE SINCE FILED A WRITTEN COMPLAINT. THIS WAS A VERY TRAUMATIC EXPERIENCE. PRIOR TO THIS WE WERE VERY HAPPY WITH THE LINCOLN BUT NOW NO LONGER FEEL SAFE & WE DO NOT PLAN ON KEEPING IT.

OGC Lit
Product Claims

AUG 11 2015

SINCERELY,



FORT SALONGA, NY 

JULY 7, 2015

ORIGINAL OWNER OF 2009 LINCOLN MKZ: DATE OF ACCIDENT: MARCH 27, 2015

CAUSE OF ACCIDENT: SOME FAILURE OF LINCOLN.

THE APPROX. MILEAGE AT TIME OF ACCIDENT: 59,000

WHILE MAKING A LEFT INTO A PARKING SPACE AT APPROX. 5 MPH WITH BRAKE PEDAL DEPRESSED

VEHICLE WOULD NOT STOP - WENT ONTO LAWN AREA PERHAPS 10 OR MORE FEET, I VIEWED LEFT

TO AVOID HITTING HOUSE & HIT A LIGHT POLE. POLICE REPORT WAS FILED.

THERE WERE NO INJURIES. THE LINCOLN HAD SOME DAMAGE, AS WELL AS DAMAGE TO THE LIGHT POLE.

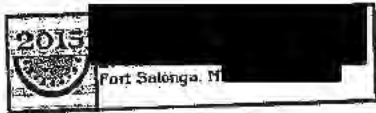
VEHICLE WAS ABLE TO BE DRIVEN & WAS TAKEN DIRECTLY TO INDEPENDENT MECHANIC ON THAT

DAY. HE COULD NOT FIND ^{Direct} CAUSE OF FAILURE.

MY REASON FOR FILING THIS COMPLAINT IS THE HOPE THAT THE CAUSE OF THIS FAILURE CAN BE

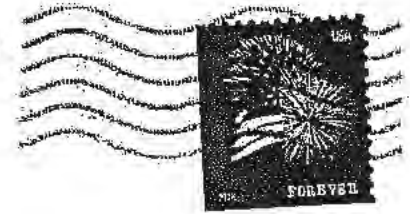
DETERMINED, & THE PROBLEM FIXED BEFORE SOMEONE PERHAPS A CHILD OR ANYONE IS SERIOUSLY

INJURED.



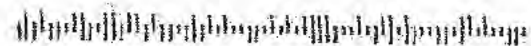
MID-ISLAND NY 117

30 JUL 2015 PM 6 L



LINCOLN MOTORS
CUSTOMER RELATIONS
PO BOX 6128
DEARBORN, MICHIGAN 48121

48121612628





Case Print Report

Case Number: [REDACTED]

Case Opened Date 8/22/2015 7:26 PM

Case Closed Date 8/23/2015

Case Status Resolved

Case Last Modified 8/23/2015 7:50 PM

Responsible Team Tier 1 Email

Case Classification Legal > Alleged Accident/Property Damage or Fire (Visible flames) due to Product Defect > Insurance Company Contacted/ settlement > Requests Financial Assistance

Customer Name [REDACTED]

Customer Number [REDACTED]

[REDACTED]
WATSONVILLE CA [REDACTED]

Email [REDACTED]

Dealer

VIN 3FAHP08198R [REDACTED]

Year 2008 Make FORD

Model Body Style

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Parking Brake

Level 4 OTHER

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

AUG 24 2015

OFFICE OF THE
GENERAL COUNSEL

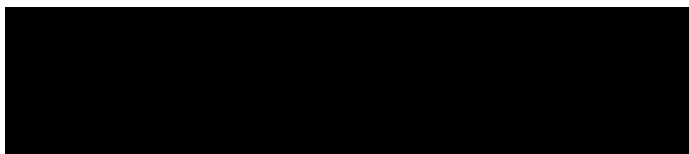
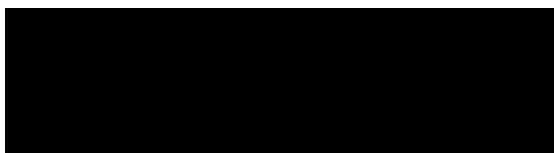
Case Print Report

Case Number [REDACTED]

Agent Name	Note Created On
Marigold Talaban	8/23/2015 7:48 PM
AS per TL John, request for more information to escalate to OGC.	
FordCRMAppUserAccount CRM	8/23/2015 7:49 PM
Email Created On: 8/23/2015 6:57:57 PM	
From: Tier 1 Email - CRCFMC	
To: DAVID TOTO	
Subject: Ford Motor Company [REDACTED] CRM:02690000009991	

Hello [REDACTED] My name is Marigold. I am from Ford's Customer Relationship Center (CRC). I have reviewed your email regarding the accident on your 2008 Fusion. I apologize for any inconvenience this has caused. I would like to look further into this matter for you and to escalate it to the appropriate department. In order for me to proceed, please reply to us with the following additional information. 1. Have you filed a claim with your insurance company? (Yes or No) 2. If a claim has been filed with their insurance company, what is the status of the claim? 3. Were any injuries sustained? If yes, provide the first and last name of all injured parties? 4. Was a police report filed? 5. If a police report was filed, what were the findings? 6. What is the police report number and in what city and county was the report filed? 7. What mailing address would you like our Office of General Council to send your written response to? (Document the full address). Thank you for contacting Ford Motor Company. Sincerely, Marigold Customer Relationship Center Ford Motor Company. Should you feel that we have not adequately addressed your concern(s), we may require additional information, please feel free to contact us via telephone at (800)392-3673 between the hours of 8:00 a.m. - 8:00 p.m. EST (Monday-Friday) / 9:00 a.m. - 5:30 p.m. EST (Saturday). Hearing-impaired callers with access to a TDD may contact 1-800-232-5952. Your reference number is [REDACTED]. In addition, you can try online support at www.owner.ford.com. Here you can find answers to frequently asked questions (FAQs) and links to other key product and service information. Ford Confidentiality:

----- For security reasons, please DO NOT submit any sensitive personally identifiable information (PII), such as credit card numbers, driver license number, SSN, DOB, etc. Thank you. ----- Original Message ----- From: GENERIC - CRC CONTACT Received: 8/22/2015 7:26 PM To: Tier 1 Email - CRCFMC Subject: Technical Inquiry WHAT IS YOUR VEHICLE SALES OR SERVICE ISSUE?; Total ABS brake failure 2008 Ford Fusion I am lucky to be alive. On 8/21/15 while traveling on Highway 101 N. A semi truck locked up in front of me. I hit the brakes brake pedal went to the floor ABS locking up it was like sliding on ice (ground was dry) I hit the semi at 50 MPH airbag deployed. I was banged up pretty bad no broken bones, glad I am still here. WHAT ACTION HAS YOUR DEALER TAKEN TO ADDRESS THE ISSUE? New tires and brake pads installed March of 2015 WHAT ASSISTANCE ARE YOU SEEKING FROM FORD MOTOR COMPANY? I am a very loyal Ford customer. I see online many complaints about ABS brake failure in 2008, 2009 Ford Fusion. How is this not a recall? I feel Ford Motor is responsible, even though I have auto insurance I am going to have around \$2,000 differential that I feel Ford Motor should pay. Are you the owner of the vehicle : Yes VIN : 3FAHP08198R [REDACTED] MILEAGE : 150,000 WHERE IS YOUR VEHICLE NOW : In Possession HAVE YOU CONTACTED THE DEALER : No DEALER NAME : Car is at Salinas Wreckage and is totaled. Contact Information First Name : [REDACTED] Last Name : [REDACTED] Address : [REDACTED] City : Watsonville, State : CA, country : USA, Zip : [REDACTED] Email Address : [REDACTED] Phone Number : [REDACTED]



BEGINNING OF CONTACT
09/18/2009

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00.01

=====

REGION: C1 DALLAS	OGC ISSUE	CASE NBR: [REDACTED]
VIN: 3LNHM26T87R[REDACTED]	ZONE: A03	OPENED: 09/17/2009
	ENGINE: T	CLOSED: 09/17/2009
	VEH TYPE: C	

=====

LAST NAME: [REDACTED]	STATUS: CLOSED
TITLE: MRS	MI: [REDACTED]
ADDRESS: [REDACTED]	
CITY: CLEBURNE	STATE: TX
HOME PHONE: [REDACTED]	ZIP: 76033
MODEL YEAR: 2007	MODEL: MKZ 4-DR FWD SEDAN
MILEAGE: 19000	
DEALER NAME: CLEBURNE FORD	SALES CODE: F52407
REASON CODE: 0796 LEGAL - ALLEGED INJURY	P & A: 09554
SYMPTOMS: 612500 SURGE ACCELERATION	

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 705 - CONTACT ADVANCED TO OGC
DOCUMENT: ANALYST: CBIGELO1 BIGELOW CRYSTAL

DATE: 09/17/2009 TIME: 11.27.22:
ACTION DATA/COMMENTS:

CUSTOMER SAID: [REDACTED] ACCIDENT IN VEHICLE CAR MALFUNCTION
EDOWNER HAS A FRACTURED BACK-AUG 31ST 2009-ACCELLATOR WOULDN
'T TURN OFF AND BRAKES WOULDN'T WORK EITHER- L3 BRUST FRACT
URE BACK, BRUISES, KNOT ON WRIST AND HEAD-CLEAVEBURNE, TEXAS
, BEHIND BANK OF AMERICA -POLICE REPORT FILED,- REPORT # [REDACTED]
[REDACTED] JOHNSON COUNTY- CLEAVEBURNE POLICE-HAS FILED CLAIM WI
TH INSURANCE COMPANY-USAA- CLAIM NUMBER [REDACTED]
SAA IS TAKING CARE OF MEDICAL TO A CERTAIN DOLLAR THEN MEDIC
ARE AND MEDICAID WILL PAY REST. ATTORNEY, PERSONAL INJURY, AU
THORIZATION TO PAY DEALER SAID: CLEBURNE FORD DISTANCE: 10.77
MILES 3800 NORTH MAIN CLEBURNE, TX 76033 CRC 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.

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
SEP 21 2009
OFFICE OF THE
GENERAL COUNSEL

[REDACTED]

[REDACTED]

[REDACTED]

Case Print Report

Case Number [REDACTED]

Case Opened Date 5/6/2013 11:50 AM

Case Closed Date 5/6/2013

Case Status Resolved

Case Last Modified 5/6/2013 11:57 AM

Responsible Team Tier 1 Inbound

Case Classification Vehicle Concern > Legal > Alleged Accident > Not Portal

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

MAY 07 2013

OFFICE OF THE,
GENERAL COUNSEL

Customer Name [REDACTED]

Customer Number [REDACTED]
[REDACTED]

SHELBYVILLE

IN [REDACTED]

Email [REDACTED]

Dealer

VIN 3MEHM07Z18R [REDACTED]

Year 2008

Make MERCURY

Model MILAN

Body Style M07 - 4-DR SEDAN FWD

Symptom

Level 1

Level 2

Level 3

Level 4

Case Print Report

Case Number [REDACTED]

Agent Name	Note Last Modified
Paola Moody	5/6/2013 11:57 AM

3MEM07Z1AR630700

-SYSTEM

2008 MILAN/58.000

CUST SAYS

1. Were any injuries sustained?

-NO

2. What are you seeking from Ford Motor Company?

-COMPENSATION.

3. What was the date of the accident?

-5/3/13 AT 4:30 AM.

4. What product defect is alleged to have caused the accident?

-BREAK FAILURE

5. What is the City and State where the accident occurred?

-INDIANAPOLIS, INDIANA

6. Was a police report filed?

YES

7. If a police report was filed, what were the findings?

-OFFICER GATHER INFO, AND LEFT RIGHT AFTER.

8. What is the police report number and in what city and county was the report filed?

-DOESN'T HAVE IT WITH HIM

9. Has the customer filed a claim with their Insurance Company? (Yes or No)

-YES

10. If a claim has been filed with the insurance company, what is the status of the claim?

-WAS AT FAULT UNTIL THEY HAVE FURTHER DETAILS.

11. Is the vehicle repairable?

-YES

12. What is the name and address of customer's attorney? (only if the customer mentions they have sought one)

-N/A

13. What mailing address would you like our Office of General Counsel to send your written response to? (You must

document the full address in the case Notes)

[REDACTED], SHELBYVILLE, IN [REDACTED]

CRC SAYS

I will forward your information to Ford's Office of the General Counsel. You should receive a written response within 15 Days business days to your concern.