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

RQ16-001

FORD

12/9/2016

APPENDIX D

Lawsuits and Claims - Subject

MEDCOST

Note to Dealer

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

ONCE WE ARE IN RECEIPT OF ALL THE REQUESTED INFORMATION, IT WILL BE THOROUGHLY REVIEWED AND THE CUSTOMER WILL BE NOTIFIED OF OUR DECISION

***EVALUATIONS MAY TAKE UP TO 90 DAYS ***

From: DCPFORM, FMCDealer (.)
Sent: Monday, October 3, 2016 11:29:21 AM (UTC-05:00) Eastern Time (US & Canada)
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: TIM@downtownford.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: Downtown Ford Lincoln, Inc.
Requesting Dealer Fleet: Downtown Ford Lincoln, Inc.
PA Code: 02202
Contact Person: TIM DOCKRILL
Title: SERVICE MANAGER
Phone Number: 3304562781
Fax Number:
Email: TIM@downtownford.com
Region: Ohio

Address: 1423 Tuscarawas st w
City: Canton
State: Ohio
Zip Code: 44702
CUSTOMER VEHICLE INFORMATION:
Warranty Start Date: 03/29/2016
Vehicle Year: 2016
Vehicle Model: F150
Vehicle VIN: 1FTEW1EG8GFB[redacted]
Mileage: 10209
customer Fleet Name: MED COST SOLUTIONS
Street Address: 4786 DRESSLER RD STE 101
City : CANTON
State : Ohio
Zip Code : 44718
Home Phone: 3304268866
Work Phone: 4406681490
Customer Region: Ohio
DETAILS OF INCIDENT:
Accident
Date of Incident: 2016-09-13
County incident occurred: STARK
Is customer alleging a component defect CAUSED the incident? YES
Details: BRAKE MASTER CYLINDER WAS LOSING PRESSURE INTERNALLY, CAUSED CUSTOMER TO ROLL INTO SOMETHING AND DAMAGE THE TAIL LAMP
Was a police report filed? NO
Details :
Has the insurance company been contacted? NO
Insurance company advised:
Insurance company contact information:
Coach builder:
City :
State :
Zip Code :
Vehicle Location: DOWNTOWN FORD LINCOLN
Attorney information:
CVO Contact:
Resolution Customer is seeking: REPLACEMENT OF TAIL LIGHT ASSEMBLY
Comments:

Copyright 2016 Ford Motor Company

[redacted]

[redacted]

Case Print Report

Case Number [redacted]

FORD MOTOR COMPANY
RECEIVED
LAMS UNIT
OCT 17 2016
OFFICE OF THE
GENERAL COUNSEL

Case Opened Date 10/7/2016 10:49 AM

Case Closed Date 10/7/2016

Case Status Resolved

Case Last Modified 10/7/2016 11:04 AM

Responsible Team Tier 1 Inbound

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]

LONE TREE CO [redacted]

Email [redacted]

Dealer

VIN 1FTEW1EG0GF[redacted]

Year 2016 **Make** FORD

Model F-SERIES **Body Style** W1E - F150 4X4 CREWCAB STYLESIDE

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Brake

Level 4 OTHER

Case Print Report

Case Number CAS-10762368-D7M3R4

Agent Name	Note Created On
Mary Delacruz	10/7/2016 11:02 AM

CUSTOMER SAYS:
Customer calling purchased a new F-150 was involved in an accident last week Sept 28 2016 North bound in I-25 in Denver. Apparently there is an issue Alert system and the braking system. Customer would like to be involved on research asking for assistance on the mechanical repair.

PER CUST, DLR SAYS:
n/a

CRC ADVISED:
1. Has the customer filed a claim with their insurance company? YES

2. If a claim has been filed with their insurance company, what is the status of the claim? Vehicle is at the Collision center being repaired, repairing the physical damage or the body of the vehicle, but the mechanical is not.

3. Is the vehicle repairable? yes

4. Were any injuries sustained? no

5. What are you seeking from Ford Motor Company? Want the mechanical portion related to the computer and the brake system. His foot were on the brakes but it didn't lock up.

6. What was the date of the accident? Sept 28 2016

7. What product defect is alleged to have caused the accident? braking system and the traffic alert system. Heads up display did not activate.

8. What is the city and state where the accident occurred? North bound in I-25 in Denver CO
9. Was a police report filed? No because there were no injuries. 3 cars in a row, there were at the back.

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.

RQ16-001

FORD

12/9/2016

APPENDIX D

Lawsuits and Claims Files - Peer

[redacted]

[redacted]

Case Print Report

Case Number [redacted]

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
JUN 13 2016
OFFICE OF THE
GENERAL COUNSEL

Case Opened Date 6/9/2016 4:47 PM

Case Closed Date 6/9/2016

Case Status Resolved

Case Last Modified 6/9/2016 4:51 PM

Responsible Team Tier 1 Inbound

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

Customer Name [redacted]

Customer Number [redacted]

[redacted]

WINNABOW NC [redacted]

Email

Dealer

VIN 1FTEX1C85FK[redacted]

Year 2015 **Make** FORD

Model F-SERIES **Body Style** X1C - F150 4X2 SUPERCAB STYLESIDE

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Brake

Level 4 Power Function

This report has been redacted to prevent the disclosure of personally identifiable information.

DMV-349 (Rev. 1/09)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

2 — No. of Units Involved | Form 1 of 1 | [ ] Supplemental Report | [ ] Non-Reportable

Date Received by DMV

Date	County	Time	Local Use/Patrol Area
05/27/2016	BRUNSWICK	18:51	160527184BA - 02

LOCATION

33 Relation to Roadway Surface: 2 | Crash Occurred: [ ] In [X] Near BOLIVIA (Municipality) or 06.00 Miles [X] N [ ] S [ ] E [ ] W outside municipality

on NC 87 (Highway Number or Highway Street (if ramp or service road, indicate on first)) [ ] Ramp or Service Road (R.R. Crossing # 01.30 Miles ft. [ ] N [X] S [ ] E [ ] W

[ ] At [X] From US 17 (Use Highway Number, Street Name or Adjacent County or State Line) [ ] N [X] S [ ] E [ ] W toward SR 1518 (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude | Longitude | Altitude

UNIT # 1 [ ] VEHICLE [ ] PEDESTRIAN [ ] HIT & RUN [X] COMMERCIAL VEHICLE

Driver [redacted] (First / Middle / Last)

Address [redacted]

City LUMBERTON State NC Zip [redacted]

Same Address on Driver's License? [ ] Yes [X] No | Driver's Phone Numbers H [redacted] W

D.L.# REDACTED CDL License [X] | D.L. Class A | State NC

DOB REDACTED | 34 Vision Obstruction 0 | 35 Physical Condition 1 | 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 | 38 Alcohol/Drugs Test 0 | 39 Results (if known) 0 | 40 Vehicle Seizure (DWI) [ ]

Owner MURPHY BROWN LLC (Same as Driver? [ ])

Address 2822 W NC 24 HWY (Same Address as Driver? [ ])

City WARSAW State NC Zip 28398

Plate # YB1758 | Plate State NC | Plate Year 2016

VIN 1M1AW09Y6EM039297

Vehicle Make MACK | Vehicle Year 2014 | 41 Vehicle Style (Type) 14 | 42 Vehicle Drivable [X] Yes [ ] No

43 TAD BR-1 | 44 Estimated Damage $2,500.00

Insurance Company OLD REPUBLIC INSURANCE CO | Policy # [redacted]

UNIT # 2 [X] VEHICLE [ ] PEDESTRIAN [ ] HIT & RUN [ ] OTHER

Driver [redacted] (First / Middle / Last)

Address [redacted]

City WINNABOW State NC Zip [redacted]

Same Address on Driver's License? [X] Yes [ ] No | Driver's Phone Numbers H [redacted] W

D.L.# REDACTED CDL License [ ] | D.L. Class C | State NC

DOB REDACTED | 34 Vision Obstruction 0 | 35 Physical Condition 1 | 36 D.L. Restrictions 19

37 Alcohol/Drugs Suspected 0 | 38 Alcohol/Drugs Test 0 | 39 Results (if known) 0 | 40 Vehicle Seizure (DWI) [ ]

Owner [redacted] (Same as Driver? [ ])

Address [redacted] (Same Address as Driver? [ ])

City WINNABOW State NC Zip [redacted]

Plate # [redacted] | Plate State NC | Plate Year 2016

VIN 1FTEX1C85[redacted]

Vehicle Make FORD | Vehicle Year 2015 | 41 Vehicle Style (Type) 2 | 42 Vehicle Drivable [ ] Yes [X] No

43 TAD FD-5 | 44 Estimated Damage $15,000.00

Insurance Company [redacted] | Policy # [redacted]

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit 1 | 45 Cargo Body Type 4 | [ ] Same Address as owner?

MURPHY BROWN LLC
2822 W NC 24 HWY
WARSAW, NC 28398

Source: [X] Truck [ ] Shipping [ ] Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# 1021423 | ICC# | Axles on Vehicle Including Trailers 5

State | State # | IFTA# 3060059

FEI# | Fleet # | Gross Vehicular Weight Rating 80000

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	1	1	Unit 1-Driv 1, Ped 1, etc. see above	B	M	2	1	0	2	1	5	see above Veh# 1 Towed To/By:
B	2	1	1	Unit 2-Driv 2, Ped 2, etc. see above	W	M	2	1	0	2	1	5	see above Veh# 2 Towed To/By: D&D TOWING / OWNER REQUEST / D&D TOWING / OWNER REQUEST
C													
D													
E													
F													
G													
H													

46 Name of EMS | 47 Injured Taken by EMS to (Treatment Facility and City or Town)

46 Name of EMS | 47 Injured Taken by EMS to (Treatment Facility and City or Town)

RQ16-001 000003 LCPV

This report has been redacted to prevent the disclosure of personally identifiable information.

Local Use/Patrol Area: [redacted]

48 POINTS OF INTIAL CONTACT (Write in Codes)	Unit # 1	Unit # 2
	37	2

CRASH SEQUENCE (Unit 1 most)	Unit # 1	Unit # 2
49 Vehicle Maneuver/Action	7	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for this Unit	22	1
53 Crash Sequence - Second Event		22
54 Crash Sequence - Third Event		
55 Crash Sequence - Fourth Event		
56 Most Harmful Event for this Unit	22	22
57 Distance/Direction of Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO	Veh # 1	Veh # 2
60 Authorized Speed Limit	55	55
61 Estimate of Original Traveling Speed	5	50
62 Estimate of Speed at Impact	5	50
63 Tire Impressions Before Impact (ft.)	0	132
64 Distance travelled After Impact (ft.)	20	13
65 Emergency Vehicle Use		
66 Post Crash Fire (If 'Yes' check block)	☐	☐
67 School Bus - Contact Vehicle	☐	☐
68 School Bus - Noncontact Vehicle	☐	☐

ROADWAY INFO	
69 Road Feature	4
70 Road Character	1
71 Road Classification	3
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	13
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Work Zone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit # 1	Unit # 2
82 Trailer Type	8	0
1st Trailer No. Axles	2	
Width (inches)	96	
Length (feet)	41	
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

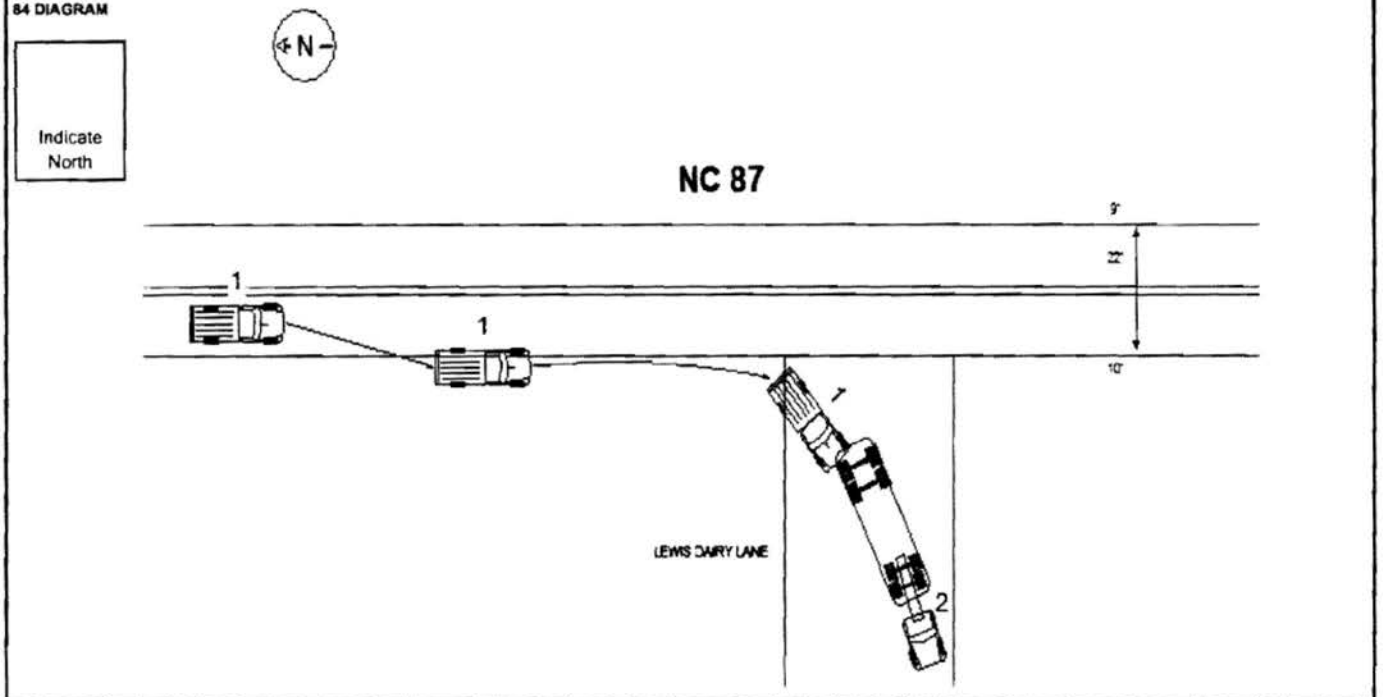
COMMERCIAL VEHICLE, Hazardous Material — Unit: 1

			From Placard indicate: 4-digit placard number or name from diamond or ...	1-digit number from bottom of diamond
Haz Mat Placard	☐ Yes	☒ No		
Hazardous Cargo Released (Does not include fuel from fuel tank)	☐ Yes	☒ No		
Carrying Haz Mat	☐ Yes	☒ No		

83 Unit # ___ Overwidth Trailer and Overwidth Notification

Overwidth Permit #

84 DIAGRAM



Unit # 1 was ☒ Traveling ☐ Parked — ☐ ☐ ☐ ☒ N S E W — on LEWIS DAIRY LN

Unit # 2 was ☒ Traveling ☐ Parked — ☐ ☒ ☐ ☐ N S E W — on NC 87

85 NARRATIVE (Include pertinent unusual aspects which are not listed elsewhere on the form)

VEHICLE 1 , A TRACTOR TRAILER, WAS TRAVELING WEST ON LEWIS DAIRY LANE AFTER MAKING A RIGHT TURN FROM NC 87. VEHICLE 2 WAS TRAVELING SOUTH ON NC 87. VEHICLE 2 RAN OFF THE ROAD TO THE RIGHT AND STRUCK THE TRAILER OF VEHICLE 1 AS IT WAS MAKING ITS TURN. BOTH VEHICLES CAME TO REST ON LEWIS DAIRY LANE.

ADDITIONAL PROPERTY DAMAGE

86 Type/ Owner	Owner Address	State Property?	Estimated Damage $
		☐	

WITNESSES

Name	Address	Phone No.
ALICIA HANNAH	497 GEORGE II HWY. WINNABOW NC 28479	(910) 540-4527

TRAFFIC VIOLATION(S)

Name	Charge(s) (Code Section)	Address
[redacted]	470813F - FAIL TO REDUCE SPEED	

Officer Name	Officer Number	Department		Date of Report
TRP. J S RANSOM	2853	NC STATE HIGHWAY PATROL	NCNHP0000	05/27/2016

This report has been redacted to prevent the disclosure of personally identifiable information.

DMV-349 (Rev. 1/09)

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Do not write in these spaces

2 No. of Units Involved | Form 1 of 1 | ☐ Supplemental Report | ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
05/27/2016	BRUNSWICK	18:51	160527184BA - 02	

LOCATION

33 Relation to Roadway Surface: 2 | Crash Occurred: ☐ In ☒ Near | BOLIVIA (Municipality) | or 06.00 Miles | ☒ N S E W outside municipality

on NC 87 (Highway Number, or Highway, Street (if traffic of service road), Indicate on What) | Ramp or Service Road | (R.R. Crossing #) | 01.30 Miles | ft. | ☒ N S E W

☐ At ☒ From US 17 (Use Highway Number, Street Name or Adjacent County or State Line) | ☐ N ☒ S ☐ E ☐ W toward SR 1518 (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude | Longitude | Altitude

UNIT # 1 ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☒ COMMERCIAL VEHICLE

Driver: KENDELL (First) | (Middle) | LESSANE (Last)

Address: [redacted]

City: LUMBERTON | State: NC | Zip: [redacted]

Same Address on Driver's License? ☐ Yes ☒ No | Driver's Phone Numbers: H [redacted] W

D.L.# REDACTED | CDL License ☒ | D.L. Class: A | State: NC

DOB: REDACTED | 34 Vision Obstruction: 0 | 35 Physical Condition: 1 | 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (if known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: MURPHY BROWN LLC | Same as Driver? ☐

Address: 2822 W NC 24 HWY | Same Address as Driver? ☐

City: WARSAW | State: NC | Zip: 28398

Plate #: YB1758 | Plate State: NC | Plate Year: 2016

VIN: 1M1AW09Y6EM039297

Vehicle Make: MACK | Vehicle Year: 2014 | 41 Vehicle Style (Type): 14 | 42 Vehicle Drivable: ☒ Yes ☐ No

43 TAD: BR-1 | 44 Estimated Damage: $2,500.00

Insurance Company: OLD REPUBLIC INSURANCE CO

Policy #: [redacted]5

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver: [redacted]

Address: [redacted]

City: WINNABOW | State: NC | Zip: [redacted]

Same Address on Driver's License? ☒ Yes ☐ No | Driver's Phone Numbers: [redacted] W

D.L.# REDACTED | CDL License ☐ | D.L. Class: C | State: NC

DOB: REDACTED | 34 Vision Obstruction: 0 | 35 Physical Condition: 1 | 36 D.L. Restrictions: 19

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (if known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: [redacted] | Same as Driver? ☐

Address: [redacted] | Same Address as Driver? ☐

City: WINNABOW | State: NC | Zip: [redacted]

Plate #: [redacted] | Plate State: NC | Plate Year: 2016

VIN: 1FTEX1C85FK[redacted]

Vehicle Make: FORD | Vehicle Year: 2015 | 41 Vehicle Style (Type): 2 | 42 Vehicle Drivable: ☐ Yes ☒ No

43 TAD: FD-5 | 44 Estimated Damage: $15,000.00

Insurance Company: INTEGON

Policy #: [redacted]

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit 1 | 45 Cargo Body Type 4 | ☐ Same Address as owner?

MURPHY BROWN LLC
2822 W NC 24 HWY
WARSAW, NC 28398

Source: ☒ Truck ☐ Shipping ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# 1021423 | ICC# | Axles on Vehicle Including Trailers 5

State | State # | IFTA# 3060059

FEI# | Fleet # | Gross Vehicular Weight Rating 80000

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	B	M	2	1	0	2	1	5	see above Veh# 1 Towed To/By:
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	W	M	2	1	0	2	1	5	see above Veh# 2 Towed To/By: D&D TOWING / OWNER REQUEST / D&D TOWING / OWNER REQUEST
C													
D													
E													
F													
G													
H													

46 Name of EMS | 47 Injured Taken by EMS to (Treatment Facility and City or Town)

46 Name of EMS | 47 Injured Taken by EMS to (Treatment Facility and City or Town)

RQ16-001 000005 LCPV

This report has been redacted to prevent the disclosure of personally identifiable information.

Form 1 of 1 — Local Use/Patrol Area — 160527184BA - 02

48 POINTS OF INTIAL CONTACT (Write in Codes)	Unit # 1	Unit # 2
	37	22

CRASH SEQUENCE (Unit I must)	Unit # 1	Unit # 2
49 Vehicle Maneuver/Action	7	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for this Unit	22	1
53 Crash Sequence - Second Event		22
54 Crash Sequence - Third Event		
55 Crash Sequence - Fourth Event		
56 Most Harmful Event for this Unit	22	22
57 Distance/Direction of Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO	Veh # 1	Veh # 2
60 Authorized Speed Limit	55	55
61 Estimate of Original Traveling Speed	5	50
62 Estimate of Speed at Impact	5	50
63 Tire Impressions Before Impact (ft.)	0	132
64 Distance traveled After Impact (ft.)	20	13
65 Emergency Vehicle Use		
66 Post Crash Fire (If 'Yes' check block)	☐	☐
67 School Bus - Contact Vehicle	☐	☐
68 School Bus - Noncontact Vehicle	☐	☐

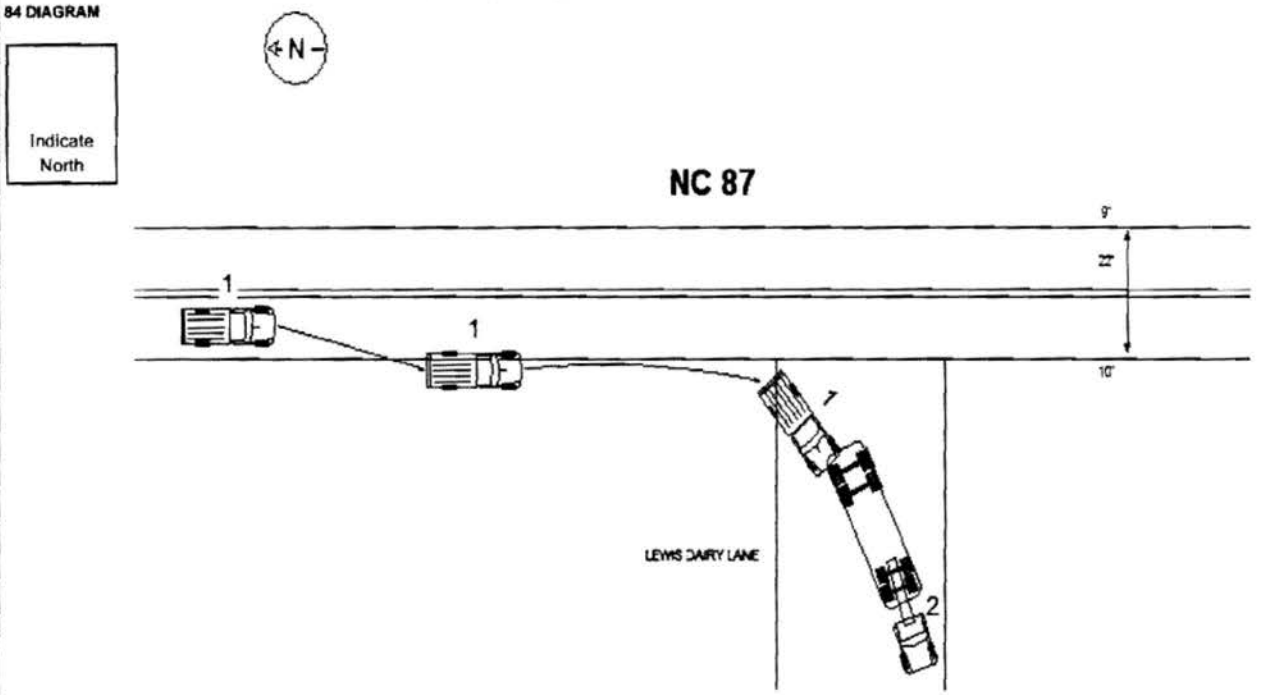
ROADWAY INFO	
69 Road Feature	4
70 Road Character	1
71 Road Classification	3
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	13
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Work Zone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit # 1	Unit # 2
82 Trailer Type	8	0
1st Trailer No. Axles	2	
Width (inches)	96	
Length (feet)	41	
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		
83 Unit # (Overwidth Trailer and Overwidth Miscellaneous)		Overwidth Permit

COMMERCIAL VEHICLE: Hazardous Material (must comply)
Haz Mat Placard: ☐ Yes ☒ No — Unit 1 — From Placard indicate 4-digit placard number or name from diamond or 1-digit number from bottom of diamond
Hazardous Cargo Released (Does not include fuel from fuel tank): ☐ Yes ☒ No
Carrying Haz Mat: ☐ Yes ☒ No

84 DIAGRAM



Unit # 1 was ☒ Traveling ☐ Parked — ☐ N ☐ S ☐ E ☒ W — on LEWIS DAIRY LN

Unit # 2 was ☒ Traveling ☐ Parked — ☐ N ☒ S ☐ E ☐ W — on NC 87

85 NARRATIVE (Include pertinent unusual aspects which are not listed elsewhere on the form)

VEHICLE 1, A TRACTOR TRAILER, WAS TRAVELING WEST ON LEWIS DAIRY LANE AFTER MAKING A RIGHT TURN FROM NC 87. VEHICLE 2 WAS TRAVELING SOUTH ON NC 87. VEHICLE 2 RAN OFF THE ROAD TO THE RIGHT AND STRUCK THE TRAILER OF VEHICLE 1 AS IT WAS MAKING ITS TURN. BOTH VEHICLES CAME TO REST ON LEWIS DAIRY LANE.

ADDITIONAL PROPERTY DAMAGE

86 Type/Owner — Owner Address — State Property? ☐ — Estimated Damage $

WITNESSES

Name: ALICIA HANNAH — Address: 497 GEORGE II HWY, WINNABOW NC 28479 — Phone No: (910) 540-4527

Name — Address — Phone No.

TRAFFIC VIOLATION(S)

Name: [redacted] — Charge(s) (Code Section): 470813F - FAIL TO REDUCE SPEED

Name — Address

Officer Name	Officer Number	Department		Date of Report
TRP. J S RANSOM	2853	NC STATE HIGHWAY PATROL	NCNHP0000	05/27/2016




OK
SET +
RES
SET −
CNCL
ON
OFF
AIRBAG
VOL +
M
VOL −







RQ16-001 000016 LCPV

RQ16-001 000017 LCPV











RQ16-001 000025 LCPV

[redacted]

[redacted]

Case Print Report

Case Number [redacted]

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
MAR 09 2016
OFFICE OF THE
GENERAL COUNSEL

Case Opened Date 3/7/2016 12:28 PM

Case Closed Date 3/7/2016

Case Status Resolved

Case Last Modified 3/7/2016 12:37 PM

Responsible Team Tier 1 Inbound

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]

MCALLEN TX [redacted]

Email

Dealer Hacienda Ford

VIN 1FTEW1CPXFK[redacted]

Year 2015 **Make** FORD

Model F-SERIES **Body Style** W1C - F150 4X2 CREWCAB STYLESIDE

Symptom

Level 1 Stop/Steer/Ride

Level 2 Pedals/Lever

Level 3 Brake

Level 4 OTHER

Case Print Report

Case Number [redacted]

Agent Name	Note Created On
Antoinette Scott	3/7/2016 12:36 PM

Cust Says: Customer stated that he spoke with some one name jerry sanders in the claims department who stated that he would get a collateral from an accident that he had and he has not received anything yet

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

2. If a claim has been filed with their insurance company, what is the status of the claim? The insurance stated that he would have to pay $1600 for damages to the other vehicle

3. Is the vehicle repairable? Yes . There was only paint missing

4. Were any injuries sustained? If yes, provide the first and last name of all injured parties. No

5. What are you seeking from Ford Motor Company? To have a replacement vehicle so this does not happen again

6. What was the date of the accident?
December 11,2015

7. What product defect is alleged to have caused the accident? Brakes failed and the speedometer would not go down at a complete stop it is stuck at 45 mph and when he accelerates 20 mph the speedometer is saying he is driving 65 mph

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

9. Was a police report filed? Yea

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

11. What is the police report number and in what city and county was the report filed?
hidalgo county Mcallen PA0016573074

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).
3609 GOLDCREST AVE
MCALLEN , TX 78504

Per Cust, Dlr Says:
usually they receive a packet but they have not received anything either

CRC Advise: Informed the customer that he will receive written response within 15 business days from our office of general counsel. [redacted]

[redacted]

[redacted]

Note to Dealer

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

ONCE WE ARE IN RECEIPT OF ALL THE REQUESTED INFORMATION, IT WILL BE THOROUGHLY REVIEWED AND THE CUSTOMER WILL BE NOTIFIED OF OUR DECISION

***EVALUATIONS MAY TAKE UP TO 90 DAYS ***

From: DCPFORM, FMCDealer (.)
Sent: Friday, April 01, 2016 11:01:06 AM (UTC-05:00) Eastern Time (US & Canada)
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: kroth107@gmail.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: John Meegan Ford, Inc.
Requesting Dealer Fleet: Jonh Meegan Ford,Inc
PA Code: 07441
Contact Person: Ken Roth
Title: Service Manger
Phone Number: 724-547-3552
Fax Number: 724-547-8751
Email: kroth107@gmail.com
Region: Pittsburgh
Address: 117 Meegan Ford
City: Mt.Pleasant

State: Pennsylvania
Zip Code: 15666
CUSTOMER VEHICLE INFORMATION:
Warranty Start Date: 02/29/2016
Vehicle Year: 2015
Vehicle Model: F150
Vehicle VIN: 1FTEX1E87FK[redacted]
Mileage: 802
customer Fleet Name: [redacted]
Street Address: [redacted]
City : Arona
State : Pennsylvania
Zip Code : [redacted]
Home Phone: [redacted]
Work Phone: [redacted]
Customer Region: Pittsburgh
DETAILS OF INCIDENT:
Accident
Date of Incident: 2016-03-31
County incident occurred: Westmoreland
Is customer alleging a component defect CAUSED the incident? YES
Details: customer states he was pulling into a parking spot slow speed hi pushed the brake pedal and it went to the floor and he hit the vehicle in front of him
Was a police report filed? NO
Details :
Has the insurance company been contacted? YES
Insurance company advised: no decision at this time
Insurance company contact information: Erie Insurance Co. Charles Mills Agent 724-834-3015
Coach builder:
City :
State :
Zip Code :
Vehicle Location: John Meegan Ford 117 Meegan Ford Rd Mt Pleasant PA 15666
Attorney information:
CVO Contact:
Resolution Customer is seeking: repair braking system and damage to customers vehicle and the the vehicle he hit
Comments:

Copyright 2016 Ford Motor Company

DLR#[redacted]
CUSTOMER #: [redacted]
[redacted]
ARONA, PA [redacted]

WORKORDER
PAGE 1

HOME: [redacted] CONT: [redacted]
BUS: CELL:

MEEGAN FORD, INC.
7 MEEGAN FORD ROAD Phone (724) 547-3552 (724) 528-1047
MT. PLEASANT, PA 15666 (724) 532-1113
(724) 547-FORD
Hours: M-W-TH-F 8:00 - 5:00
Tues. 8:00 - 7:00 Sat. 8:00 - 12:00
* Ask about your month specials
* Body Shop services available
* Rental cars by appointment
Website www.meeganford.com

SERVICE ADVISOR: 967 ROTH, KENNETH J

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
SILVER	15	FORD F150 PICKUP	1FTEX1E87FK[redacted]		802/ 810	T0976

DEL DATE	PROD DATE	WARR EXP	PROMISED	P.O. NO.	RATE	PAYMENT	INV DATE
29FEB16 DD			19:00 01APR16		0.00	CASH	

R.O. OPENED	READY	OPTIONS:
01APR2016 09:17		SOLD-STK:15T3093 DLR:07441& ENG:3.5_Liter_VIVCT 2)\KEYLESS 25606

RECOMMENDED SERVICE

STRAIGHT TIME (HRS.)	FLAT RATE PRICE	R.O. NO.	TIME
1.5		188068	OFF 10.3
		EMP. NO. 8 OPER. NO.	ON 18.0

>> BASED ON THE CURRENT MILEAGE OF YOUR VEHICLE, OUR DEALERSHIP RECOMMENDS <<
>> THE ABOVE SERVICE BE PERFORMED NOW <<

#8

W - O - R - K - O - R - D - E - R

LINE #	OP CODE	TECH	TYPE	DESCRIPTIONS/INSTRUCTIONS
A			VM40	CUSTOMER STATES BRAKE PEDAL GOES TO THE FLOOR |CC:

Test drove, Unable to duplicate said concern, ELECTRONICS No DTCs present, checked BASES, No SSM's or TSBs, contacted tech hotline, Response was no help till after OGC review, visually inspected brake system including Vacuum line to booster No concerns found, #8

RECEIVED
18 2016
BY

QUALITY IS JOB 1

EXCLUSION OF WARRANTIES

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

AUTHORIZATION FOR REPAIRS

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 or 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/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to lack of antifreeze.

PRELIMINARY ESTIMATE $

AUTHORIZED BY X KR

	DATE	TIME	BY
REVISED ESTIMATE (1)			
REVISED ESTIMATE (2)			
REVISED ESTIMATE (3)			

I HEREBY ACKNOWLEDGE THAT I WAS NOTIFIED & GAVE ORAL APPROVAL OF THE ABOVE REVISED ESTIMATE

X [redacted]

Report# :	[redacted]			**Received:**	04/01/2016
CCRG/EPRC:S		**Reviewed Status:**		**Date:**	
Vehicle:	2015,F150 4X4 ,F150 ,SUP CAB,STYSD ,1FTEX1E87FK[redacted]			**Build Date:**	09/29/2015
Odometer :	802 M	**Engine:**	3.5L CYCLO	**Calibration:**	FFC1Y40A
Transmission:	6R80E	**Axle:**	3800F3.73C	**A/C:**	YES
Dealer:	USA 07441 John Meegan Ford, Inc.			**Phone#:**	[redacted]
City:	Mount Pleasant	**State:**	Pennsylvania	**Country :**	USA

Originator: Virgel Vincent
Symptom: 6 60 1 39 SP/ST/RD,STOPPING,PERFORM/EFFECT ,INTERMITTENT
Status:
VFG: V21 BRAKING
Additional Symptom: PEDAL TO FLOOR/ACCIDENT
Fix: **Causal Component :**
Condition Code:

Hotliner: WBORJA **Phone:** **Regn Cd:** G4 Pittsburgh
Engineering: **Phone:** **TAR:**
Dlr Contact: Virgel Vincent **Phone:** **Title Cde:** T

KOEO:
KOEC:
KOER:

CONCER **04/01/2016 09:53AM WILLIAM BORJA MSS - FCSD - TECH SVC HOTLINE**

Web Form Data (109858223) Description of Vehicle Concern: customer states brake pedal goes to floor , has happened at least 3 times and caused a minor accident front bumper insert is damaged Please list any diagnostics already performed: attempted verifying cust concern have not yet , workshop manual hydraulic actuation section has nothing on hydraulic actuation only on adjustable pedals , Parts Replaced: none Your Question: are their any known concerns for this problem

RECOMM **04/01/2016 09:53AM WILLIAM BORJA MSS - FCSD - TECH SVC HOTLINE**

Virgel, When you have a concern alleging a fire, accident, injury, property damage and/or burn has occurred due to an alleged product defect, pursuant to the Warranty and Policy Manual, no repairs should be performed. See below:

-**U.S. Dealerships** should complete a **Dealer/Fleet Request for OGC Review** found on FMCDealer.com - Parts & Service Tab - Customer Satisfaction link.

NOTE: The Technical Assistance Center will not be able to provide further assistance with this issue until after the OGC review.

ADD-ON **04/01/2016 09:53AM WILLIAM BORJA MSS - FCSD - TECH SVC HOTLINE**

Article ISM 1207003 REPORTED FIRE, ACCIDENT, INJURY, PROPERTY DAMAGE &/OR BURN HAS OCCURRED DUE TO AN ALLEGED PRODUCT DEFECT

[redacted]

[redacted]

Note to Dealer

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

ONCE WE ARE IN RECEIPT OF ALL THE REQUESTED INFORMATION, IT WILL BE THOROUGHLY REVIEWED AND THE CUSTOMER WILL BE NOTIFIED OF OUR DECISION

***EVALUATIONS MAY TAKE UP TO 90 DAYS ***

From: DCPFORM, FMCDealer (.)
Sent: Monday, August 29, 2016 5:28:52 PM (UTC-05:00) Eastern Time (US & Canada)
To: Ordcalp, F (F.); Taylor, Alma (A.)
Cc: ctaylor@helfmanford.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: Helfman Ford Inc
Requesting Dealer Fleet: dealer
PA Code: 04587
Contact Person: charles taylor
Title: service manager
Phone Number: 2812747208
Fax Number: 2812747248
Email: ctaylor@helfmanford.com
Region: CENTERAL

Address: 12220 southwest freeway
City: stafford tx
State: Texas
Zip Code: 77477
CUSTOMER VEHICLE INFORMATION:
Warranty Start Date: 6/11/2016
Vehicle Year: 2016
Vehicle Model: F150
Vehicle VIN: 1FTEW1EF4GK[redacted]
Mileage: 5320
customer Fleet Name: [redacted]
Street Address: [redacted]
City : KATY
State : Texas
Zip Code : [redacted]
Home Phone: [redacted]
Work Phone:
Customer Region: CENTERAL
DETAILS OF INCIDENT:
Accident
Date of Incident: 2016-08-20
County incident occurred: FORT BEND
Is customer alleging a component defect CAUSED the incident? YES
Details: Brakes failed while backing and ran into something with tail gate.
Was a police report filed? NO
Details :
Has the insurance company been contacted? NO
Insurance company advised:
Insurance company contact information: Progressive Josh Bush
Coach builder:
City :
State :
Zip Code :
Vehicle Location: 12220 SOUTHWEST FREEWAY, STAFFORD ,TX.
Attorney information:
CVO Contact:
Resolution Customer is seeking: SEEKING REPAIRES ON TAIL GATE.
Comments:

Copyright 2016 Ford Motor Company

Report# :	[redacted]			**Received:**	08/25/2016
CCRG/EPRC:		**Reviewed Status:**		**Date:**	
Vehicle:	2016,F150 4X4 ,F150 ,SUP CRW,STYSD ,1FTEW1EF4GKE42687			**Build Date:**	04/18/2016
Odometer :	5,000 M	**Engine:**	5.0L 4V	**Calibration:**	FFC1150A
Transmission:	6R80E	**Axle:**		**A/C:**	YES
Dealer:	USA 04587 Helfman Ford, Inc.			**Phone#:**	[redacted]
City:	Stafford	**State:**	Texas	**Country :**	USA

Originator:
Symptom: 6 60 1 39 SP/ST/RD,STOPPING,PERFORM/EFFECT ,INTERMITTENT
Status:
VFG: V21 BRAKING
Additional Symptom:
Fix: **Causal Component :**
Condition Code:

Cust: BRAULIO CASTILLO **Home Phone:** ( )
Work Phone: ( ) **Region:** C2 Houston
Case Status: **Date:** 00 / 00 / 0000 **Vehicle Paint:** OXFORD WHITE SOLID C

OWNREL **08/24/2016 09:28PM**
"By DOUG IKNER" - Customer came in with a brake pedal to the floor problem and a master cyl. is on order. Customer seeking assistance with repairing,accident from backing with no brakes and hitting a structure with the tail gate. Now customer wants FMC to repair the truck.

OWNREL **08/25/2016 02:39PM**
Email Created On: 8/25/2016 10:39:32 AMFrom: Deborah EstesTo: DOUG IKNER, Helfman Ford IncSubject: [redacted] CRM:03790000002397Closing this case you will need to open ogc case as cust is claiming property damage Deborah M EstesSr Regional Customer Service Manager866-631-3788 x 77795Fax 888-408-7288Destes7@Ford.com

OWNREL **08/25/2016 02:40PM**
Ticket Number:[redacted]Business phone: [redacted]2Mobile phone: nullLTV Score: 85Vehicle Purchase Status: nullDealer name: Helfman Ford IncDealer P&A: nullDealer phone: nullVIN: 1FTEW1EF4GK[redacted]Year : 2016Make: FORDModel: F-SERIESMileage: 5320Warranty Start Date: nullEngines Specification: MOD 5.0L-4V DOHC SEFI NAOpen Recall/FSA: none ESP: prem care 5/100Hotline Contact: none Warranty History: none

OWNREL **08/25/2016 02:42PM**
ogc case

AUDIT **08/26/2016 08:30PM**
ODOMETER 0005320 M CHANGED TO 0005000 M BY ORCAC

RQ-16-901-00037 LCPV

Report# :	[redacted]			**Received:**	08/25/2016
CCRG/EPRC:		**Reviewed Status:**		**Date:**	
Vehicle:	2016,F150 4X4 ,F150 ,SUP CRW,STYSD ,1FTEW1EF4GKE42687			**Build Date:**	04/18/2016
Odometer :	5,000 M	**Engine:**	5.0L 4V	**Calibration:**	FFC1150A
Transmission:	6R80E	**Axle:**		**A/C:**	YES
Dealer:	USA 04587 Helfman Ford, Inc.			**Phone#:**	[redacted]
City:	Stafford	**State:**	Texas	**Country :**	USA

Originator:
Symptom: 6 65 1 00 SP/ST/RD,PEDALS/LEVER,BRAKE,UNKNOWN
Status:
VFG: V21 BRAKING
Additional Symptom:
Fix: **Causal Component :**
Condition Code:

Cust: [redacted] **Home Phone:** ( )

Work Phone: ( ) **Region:** C2 Houston

Case Status: **Date:** 00 / 00 / 0000 **Vehicle Paint:** OXFORD WHITE SOLID C

OWNREL **08/24/2016 08:06PM**

CUSTOMER SAYS:Customer is having concerns with his vehicle, bought a brand new vehicle and he had an issue on the braking system, it cause him a minor accident, damaged the tail gate, vehicle is at the dealer right now replacing the master cylinder (covered under the B2B warranty). He is working with his insurance for the property damaged, but he would like to have the tail gate covered too. PER CUST, DLR SAYS: n/aCRC ADVISED:I will escalate your case to the Service Manager at your dealership. The Service Manager will review your case to ensure all resources available through Ford Motor Company are utilized to assist you. You should contact your Service Manager for updates regarding your case. Based on our resources, your point of contact will be Service Manager The case number that I have established for you today is [redacted] ***Attention Service Managers: Your CSM (Customer Service Manager) does not see this case. If you are seeking assistance from Ford Motor Company, please reach out to your CSM directly.***"

RQ16-001 000038 LCPV

Title Note created on 08/24/2016 04:04 PM by Mary Delacruz, Default Team: Tier 1 Inbound

CUSTOMER SAYS:
Customer is having concerns with his vehicle, bought a brand new vehicle and he had an issue on the braking system, it cause him a minor accident, damaged the tail gate, vehicle is at the dealer right now replacing the master cylinder (covered under the B2B warranty). He is working with his insurance for the property damaged, but he would like to have the tail gate covered too.

PER CUST, DLR SAYS:
n/a

CRC ADVISED:
I will escalate your case to the Service Manager at your dealership. The Service Manager will review your case to ensure all resources available through Ford Motor Company are utilized to assist you. You should contact your Service Manager for updates regarding your case. Based on our resources, your point of contact will be Service Manager The case number that I have established for you today is [redacted]

*****Attention Service Managers: Your CSM (Customer Service Manager) does not see this case. If you are seeking assistance from Ford Motor Company, please reach out to your CSM directly.***"**

Regarding [redacted]
File Attachment
File name:

ENTERPRISE RENT A CAR

Subject: 20177937 Legal; Document where requested Support Request At TOWN AND COUNTRY FORD, INC.

Additional Comments
The following is a summary of a Request For Assistance from the Technical Field Operations Assignment Management System

Request Details

Additions and/or changes made to the request are highlighted in red.

Tracking Number	[redacted]
Status	Assigned
Currently assigned to	DCORNING
Request Type	Legal; Document where requested
Request Source	Legal
If Other request source, please explain	
Primary contact	Felicia Miles
Primary contact's phone number	313-845-0307
Primary contact's email address	fmiles@ford.com
Technician Name	
Technician certified in relevant specialty	
Dealership Name	TOWN AND COUNTRY FORD, INC.
P&A Code	05734
Facing Region (SDR separate from Contact Regions)	C3 - MEMPHIS
Geographic Region (SDR combined with Contact Region)	C3 - MEMPHIS

Revised 10/8/14

Fleet Request for FORD Office of the General Counsel Review

Date 04/06/16 GP/BR 587D Case #: (Ford completes) _____

Supporting documents included in email? [ ] Yes [x] No (#Pages) ____

FORD MOTOR COMPANY RECEIVED LAW STAFF
APR 07 2016
OFFICE OF THE GENERAL COUNSEL

FLEET INFO

Fleet Name: _____ Contact: _____

Address: _____ Title: _____

Phone: _____

Is this a Fleet Managed vehicle? (circle one) Yes or [No]

If yes, please provide the following:

MANAGED FLEET INFO (applicable to leased vehicle)

Fleet Name: N/A Contact: N/A

Address: N/A Title: N/A

Phone: N/A

Who will be the single point of contact? [Primary Fleet Contact Person] or Managed Fleet Contact Person

There Can Only Be One Single Point of Contact For A Claim

VEHICLE INFORMATION

Vehicle Year: 2016 Vehicle Model: Ford F-150

VIN: 1FTEW1EF4GF[redacted] Warranty Start Date: _____

CURRENT VEHICLE LOCATION

Name of Business or Dealer: Serra Chevrolet Body Shop

Address: 2340 Gallatin Pike Madison, TN 37116; phone # 615-859-6485

Contact: David Jennings Title: _____

DETAILS OF INCIDENT

Incident Involves (mark all that apply with "x"): [x] Accident [ ] Fire [x] Injury [ ] Medical Attention Sought

Description of Incident: Traffic came to a a sudden stop and driver attempted to stop but states the brakes failed. The brake pedal went to the floor and the truck rear ended the vehicle in front causing a chain reaction with two other vehicles.

**Do not request investigation if repairs have been completed.

Was a Police/Fire report made? (check one) [x] Yes [ ] No [ ] Unknown; Researching

What is the alleged defect: brake failure

Has the alleged defective part been repaired or replaced? [ ] Yes [x] No

What was the city, state and date of occurrence: _____ (City) TN (State) 03/25/16 (Date)

What was the mileage at time of occurrence: 5,200

List all after market additions or modifications that were made to the vehicle _____

Was the engine running? (check one) [x] Yes [ ] No

Were the keys in the ignition? (check one) [x] Yes [ ] No

Has an insurance company been advised of this incident: [x] Yes [ ] No

If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.
ELCO Administrative Services, P.O. Box 360200 Strongsville, OH 44136, 216-265-1477 Kristin Burns, 08889777

FORD FLEET REPRESENTATIVE CONTACT (Ford completes)

Name: _____ CDS ID: _____

Phone: _____ Fax: _____

ATTORNEY INFORMATION

Attorney Involved? (Check one) [ ] Yes [x] No

If yes, Attorney's Name: _____ Phone #: _____

ADDITIONAL COMMENTS / INSTRUCTIONS: Please contact Kristin Burns at 216-265-1477 to discuss further and confirm Ford report #. Police report and photos pending



RQ16-001 000044 LCPV

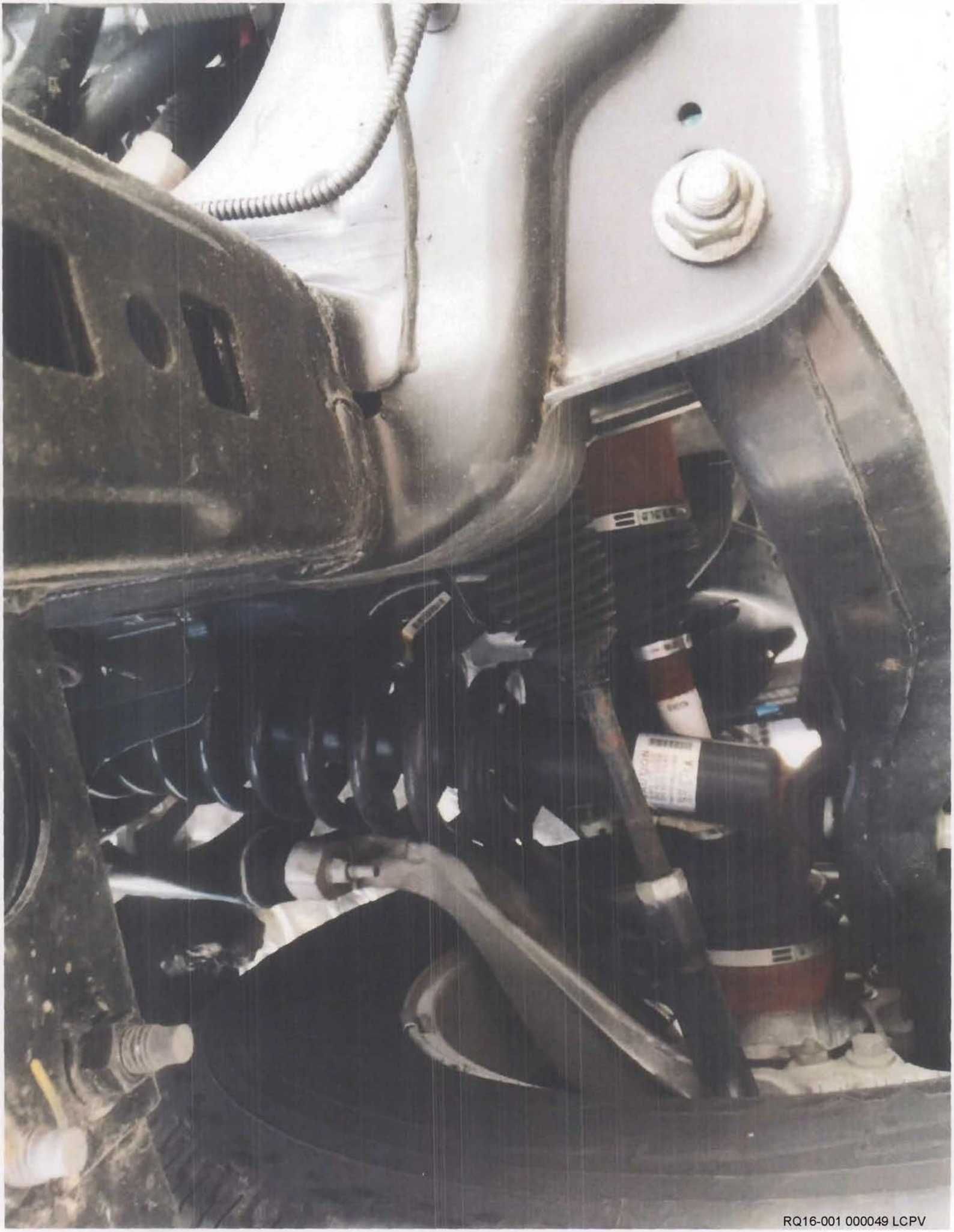


RQ16-001 000045 LCPV

RQ16-001 000046 LCPV

RQ16-001.000047 LCPV

RQ16-001 000048 LCPV



RQ16-001 000049 LCPV



RQ16-001 000050 LCPV



RQ16-001 000051 LCPV

[redacted]

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:	AutoNation Ford Gulf Freeway
Requesting Dealer/Fleet:	Autonation Ford Gulffreeway
P&A Code:	04473
Contact Person:	Ramon Amaya
Title:	Service Director
Phone Number:	713-371-4200
Fax Number:	713-481-0242
Email Address:	amayar@autonation.com
Region:	Houston
Address:	12227 Gulffreeway
City:	Houston
State:	Texas
Zip Code:	77034

OGC Lit
Product Claims

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
JAN 19 2016
OFFICE OF THE
GENERAL COUNSEL

CUSTOMER/VEHICLE INFORMATION

WSD:	
Vehicle Year:	2015
Vehicle Model:	F150
Vehicle VIN:	1FTEW1EF2FK[redacted]
Mileage:	1346
Customer/Fleet Name:	[redacted]
Street Address:	
City:	PEARLAND
State:	Texas

RQ16-001 000053 LCPV

Zip Code:	[redacted]
Home Phone:	
Work Phone:	
Region:	HOUSTON

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:	1/7/2016
County in which incident occurred:	HARRIS
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	BRAKES NOT WORKING PROPERLY
Was a police report filed?	○ Yes ◉ No
If yes, where:	
Has the insurance company been contacted?	◉ Yes ○ No
What did the insurance company advise?	
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:	VEHICLE IS AT AUTONATION FORD GULFFREEWAY 12227 GULFFREEWAY HOUSTON, TEXAS 77034
Attorney Information (if applicable):	
CVO Contact (if applicable - Fleet Only):	

RESOLUTION THAT CUSTOMER IS SEEKING:

Customer is requesting repairs to vehicle brakes repaired and vehicle body damaged repaired

COMMENTS:

Dealer completed brake inspection and could not duplicate concern nor found any issues with brrake system. Dealer put customer in rental vehicle pending authorization.

Submit Request

[redacted]

[redacted]

PEARLAND, TX [redacted]

[redacted]

WORKORDER

PAGE 4

AutoNation

AutoNation Ford Gulf Freeway

12227 GULF FREEWAY
HOUSTON, TEXAS 77034
(713) 371-4100
SERVICE DIRECT (713) 371-4200
www.autonation.com

SERVICE ADVISOR: 4733 AMAYA, RAMON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
MAGNETIC M	15	FORD F150	1FTEW1EF2FK[redacted]		1338/	T8296

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30DEC15 DD			09:00 15JAN16			CASH	

R.O. OPENED	READY	OPTIONS: SOLD-STK:FKE70194 DLR:04473 ENG:5L_8_Cyl TRN:A
08JAN2016 13:24		

HAVE A NICE DAY!

NOTICE OF WORKER'S LIEN PURSUANT TO TEXAS PROPERTY CODE s. 70.001
I, the undersigned, am the person (or the authorized agent of the person) who is obligated to pay for repairs to the vehicle described in this Repair Order. I understand that the Dealership may retain possession of the vehicle until the amount due for the repairs is paid. I further understand that if the Dealership relinquishes possession of the vehicle in return for payment via a check, money order or credit card transaction that is stopped or dishonored due to insufficient funds, no funds, or because the account does not exist or has been closed, the worker's lien continues to exist and the Dealership is entitled to possession of the vehicle in accordance with S. 9.609 of the Texas Business & Commerce Code until the amount due is paid.

Customer X _____ Date _____

PAYMENT TERMS: I agree to pay for the inspection and repairs I authorize, along with the necessary materials, in Cash or approved credit card upon completion of the Repairs unless the Dealership agrees to other payment arrangements in advance.

CHARGES FOR DIAGNOSTIC/PARTIALLY COMPLETED WORK: If I authorize commencement of repairs or disassembly of the vehicle or a vehicle component and do not authorize completion, of a repair or service, I will pay any charge imposed for disassembly, reassembly or partially completed work. Such charges will be directly related to the actual amount of labor and parts involved in the inspection, repair or service.

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE REVERSE SIDE OF THIS REPAIR ORDER FOR THE DEALERSHIP'S LIMITED WARRANTY.

I understand that the Dealership is not responsible for any delays caused by unavailability of parts or shipping by the supplier or transporter, nor is it responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control.

I hereby grant the Dealership permission to operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle. I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing that data with the vehicle manufacturer for diagnostic and research purposes.

Customer X _____ Date _____

DealerCAR 2014 CDK Global, LLC 105149 WORKORDER TYPE 2 - SW2C - "LIMITED WARRANTY" - TX - 3654513

ESTIMATE: OUR DEALERSHIP WILL PROVIDE YOU WITH AN ESTIMATE FOR THE COST OF REPAIRS OR SERVICES UPON REQUEST. YOU CAN CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE INITIALING BESIDE ONE OF THE FOLLOWING CHOICES.

_____ WRITTEN ESTIMATE (Initials) _____ ORAL ESTIMATE (Initials) _____ NO ESTIMATE (Initials)

PRELIMINARY ESTIMATE $ _____

SHOP SUPPLY COSTS: A charge equal to 13.5% of the total cost of labor and parts, not to exceed $49.95, will be added to the Repair Order for shop supplies used in connection with the repair.

	DATE	TIME	BY
REVISED ESTIMATE (1)			
REVISED ESTIMATE (2)			
REVISED ESTIMATE (3)			

PARTS: All parts installed are new unless otherwise indicated. Upon request, replaced parts will be made available for inspection or returned to you (unless subject to a manufacturer's warranty, core charge, or otherwise specified).

Discard Replaced Parts ___(INITIAL) Saved Replaced Parts ___(INITIAL)

TECHNICIAN COPY

RQ16-001-000056 LCPV

[redacted]

[redacted]

PEARLAND, TX [redacted]

[redacted]

WORKORDER

PAGE 1

AutoNation

AutoNation Ford Gulf Freeway

12227 GULF FREEWAY
HOUSTON, TEXAS 77034
(713) 371-4100
SERVICE DIRECT (713) 371-4200
www.autonation.com

SERVICE ADVISOR: 4733 AMAYA, RAMON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
MAGNETIC M	15	FORD F150	1FTEW1EF2FK[redacted]		1338/	T8296

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30DEC15 DD			09:00 15JAN16			CASH	

R.O. OPENED	READY	OPTIONS: SOLD-STK:FKE70194 DLR:04473 ENG:5L_8_Cyl TRN:A
08JAN2016 13:24		

VEHICLE SERVICE HISTORY

RO#	S/A	CLSD DTE MILEAGE	OP CODE	TECH...	TYPE	DESCRIPTION

NOTICE OF WORKER'S LIEN PURSUANT TO TEXAS PROPERTY CODE s. 70.001
I, the undersigned, am the person (or the authorized agent of the person) who is obligated to pay for repairs to the vehicle described in this Repair Order. I understand that the Dealership may retain possession of the vehicle until the amount due for the repairs is paid. I further understand that if the Dealership relinquishes possession of the vehicle in return for payment via a check, money order or credit card transaction that is stopped or dishonored due to insufficient funds, no funds, or because the account does not exist or has been closed, the worker's lien continues to exist and the Dealership is entitled to possession of the vehicle in accordance with S. 9.609 of the Texas Business & Commerce Code until the amount due is paid.

Customer X _____ Date _____

PAYMENT TERMS: I agree to pay for the inspection and repairs I authorize, along with the necessary materials, in Cash or approved credit card upon completion of the Repairs unless the Dealership agrees to other payment arrangements in advance.

CHARGES FOR DIAGNOSTIC/PARTIALLY COMPLETED WORK: If I authorize commencement of repairs or disassembly of the vehicle or a vehicle component and do not authorize completion, of a repair or service, I will pay any charge imposed for disassembly, reassembly or partially completed work. Such charges will be directly related to the actual amount of labor and parts involved in the inspection, repair or service.

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE REVERSE SIDE OF THIS REPAIR ORDER FOR THE DEALERSHIP'S LIMITED WARRANTY.

I understand that the Dealership is not responsible for any delays caused by unavailability of parts or shipping by the supplier or transporter, nor is it responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control.

I hereby grant the Dealership permission to operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle. I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing that data with the vehicle manufacturer for diagnostic and research purposes.

Customer X _____ Date _____

DealerCAR 2014 CDK Global, LLC 109114 WORKORDER TYPE 2 - SW3C - "LIMITED WARRANTY" - TX - 9894513

ESTIMATE: OUR DEALERSHIP WILL PROVIDE YOU WITH AN ESTIMATE FOR THE COST OF REPAIRS OR SERVICES UPON REQUEST. YOU CAN CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE INITIALING BESIDE ONE OF THE FOLLOWING CHOICES.

_____ WRITTEN ESTIMATE (Initials) _____ ORAL ESTIMATE (Initials) _____ NO ESTIMATE (Initials)

PRELIMINARY ESTIMATE $ _____

SHOP SUPPLY COSTS: A charge equal to 13.5% of the total cost of labor and parts, not to exceed $49.95, will be added to the Repair Order for shop supplies used in connection with the repair.

	DATE	TIME	BY
REVISED ESTIMATE (1)			
REVISED ESTIMATE (2)			
REVISED ESTIMATE (3)			

PARTS: All parts installed are new unless otherwise indicated. Upon request, replaced parts will be made available for inspection or returned to you (unless subject to a manufacturer's warranty, core charge, or otherwise specified).

Discard Replaced Parts ___ (INITIAL) Saved Replaced Parts ___ (INITIAL)

TECHNICIAN COPY

[redacted]

[redacted]

[redacted]

PEARLAND, TX [redacted]

[redacted]

WORKORDER

PAGE 2

AutoNation

AutoNation Ford Gulf Freeway
12227 GULF FREEWAY
HOUSTON, TEXAS 77034
(713) 371-4100
SERVICE DIRECT (713) 371-4200
www.autonation.com

SERVICE ADVISOR: 4733 AMAYA, RAMON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
MAGNETIC M	15	FORD F150	1FTEW1EF2FK[redacted]		1338/	T8296

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30DEC15 DD			09:00 15JAN16			CASH	

R.O. OPENED	READY	OPTIONS: SOLD-STK:FKE70194 DLR:04473 ENG:5L_8_Cyl TRN:A
08JAN2016 13:24		

LINE	OP CODE	TECH...	TYPE	DESCRIPTIONS/INSTRUCTIONS
# A				CUSTOMER STATES THAT WHILE DRIVING IN STOP AND GO TRAFFIC AT APPROXIAMETLY 15 MPH HE ATTEMPTED A SUDDEN STOP TO AVOID A VEHICLE THAT WAS ABOUT 30 FEET IN FRONT , THE BRAKES DIDNOT STOP THE VEHICLE. CUSTOMER DROVE VEHILE TO DEALER FOR INSPECTION. (HAS BOD
	BR001		CF	CUSTOMER STATES THAT WHILE DRIVING IN STOP AND GO TRAFFIC AT APPROXIAMETLY 15 MPH HE ATTEMPTED A SUDDEN STOP TO AVOID A VEHICLE THAT WAS ABOUT 30 FEET IN FRONT , THE BRAKES DID NOT STOP THE VEHICLE. CUSTOMER DROVE VEHILE TO DEALER FOR INSPECTION. (HAS BOD
	NOTES: Include: |Notes: |Labor:			
	B. Hunt			
# B	99P		CF	PERFORM MULTI-POINT INSPECTION
	MULTI-A		CF	CUSTOMER REQUESTED TO HAVE VEHICLE SAFETY CONDITION INSPECTION PERFORMED THIS VISIT

NOTICE OF WORKER'S LIEN PURSUANT TO TEXAS PROPERTY CODE s. 70.001
I, the undersigned, am the person (or the authorized agent of the person) who is obligated to pay for repairs to the vehicle described in this Repair Order. I understand that the Dealership may retain possession of the vehicle until the amount due for the repairs is paid. I further understand that if the Dealership relinquishes possession of the vehicle in return for payment via a check, money order or credit card transaction that is stopped or dishonored due to insufficient funds, no funds, or because the account does not exist or has been closed, the worker's lien continues to exist and the Dealership is entitled to possession of the vehicle in accordance with s. 9.609 of the Texas Business & Commerce Code until the amount due is paid.

Customer [redacted] Date _____

PAYMENT TERMS: I agree to pay for the inspection and repairs I authorize, along with the necessary materials, in Cash or approved credit card upon completion of the Repairs unless the Dealership agrees to other payment arrangements in advance.

CHARGES FOR DIAGNOSTIC/PARTIALLY COMPLETED WORK: If I authorize commencement of repairs or disassembly of the vehicle or a vehicle component and do not authorize completion, of a repair or service, I will pay any charge imposed for disassembly, reassembly or partially completed work. Such charges will be directly related to the actual amount of labor and parts involved in the inspection, repair or service.

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE REVERSE SIDE OF THIS REPAIR ORDER FOR THE DEALERSHIP'S LIMITED WARRANTY.

I understand that the Dealership is not responsible for any delays caused by unavailability of parts or shipping by the supplier or transporter, nor is it responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control.

I hereby grant the Dealership permission to operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle. I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing that data with the vehicle manufacturer for diagnostic and research purposes.

Customer X _____ Date _____

DEALERCAR 2014 CDK Global, LLC (05/14) WORKORDER TYPE 2 - SW3C - "LIMITED WARRANTY" - TX - 36548.13

ESTIMATE: OUR DEALERSHIP WILL PROVIDE YOU WITH AN ESTIMATE FOR THE COST OF REPAIRS OR SERVICES UPON REQUEST. YOU CAN CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE INITIALING BESIDE ONE OF THE FOLLOWING CHOICES.

_____ WRITTEN ESTIMATE (Initials) _____ ORAL ESTIMATE (Initials) _____ NO ESTIMATE (Initials)

PRELIMINARY ESTIMATE $_____

SHOP SUPPLY COSTS: A charge equal to 13.5% of the total cost of labor and parts, not to exceed $49.95, will be added to the Repair Order for shop supplies used in connection with the repair.

	DATE	TIME	BY
REVISED ESTIMATE (1)			
REVISED ESTIMATE (2)			
REVISED ESTIMATE (3)			

PARTS: All parts installed are new unless otherwise indicated. Upon request, replaced parts will be made available for inspection or returned to you (unless subject to a manufacturer's warranty, core charge, or otherwise specified).

Discard Replaced Parts ___ (INITIAL) Saved Replaced Parts ___ (INITIAL)

TECHNICIAN COPY

[redacted]

[redacted]

PEARLAND, TX [redacted]

[redacted]

WORKORDER

PAGE 3

AutoNation

AutoNation Ford Gulf Freeway
12227 GULF FREEWAY
HOUSTON, TEXAS 77034
(713) 371-4100
SERVICE DIRECT (713) 371-4200
www.autonation.com

SERVICE ADVISOR: 4733 AMAYA, RAMON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
MAGNETIC M	15	FORD F150	1FTEW1EF2FK[redacted]		1338/	T8296

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30DEC15 DD			09:00 15JAN16			CASH	

R.O. OPENED	READY	OPTIONS: SOLD-STK:FKE70194 DLR:04473 ENG:5L_8_Cyl TRN:A
08JAN2016 13:24		

LINE	OP CODE	TECH...	TYPE	DESCRIPTIONS/INSTRUCTIONS
# C	SCRENT		CF	SERVICE CONTRACT RENTAL - CUST. IS RESPONSIBLE FOR ALL CHARGES NOT PAID BY SERVICE CONTRACT.
# D	IN77		IFNT	Tonneau Cover VFL3Z*99501A42*AG Cover - Tonneau (QTY 0) NOTES: Include: |Notes: |Labor:
# E	IN32		IFNT	Bedliner FL3Z*9900038*BA Liner - Load Compartment (QTY 0) NOTES: Include: |Notes: |Labor:

NOTICE OF WORKER'S LIEN PURSUANT TO TEXAS PROPERTY CODE s. 70.001
I, the undersigned, am the person (or the authorized agent of the person) who is obligated to pay for repairs to the vehicle described in this Repair Order. I understand that the Dealership may retain possession of the vehicle until the amount due for the repairs is paid. I further understand that if the Dealership relinquishes possession of the vehicle in return for payment via a check, money order or credit card transaction that is stopped or dishonored due to insufficient funds, no funds, or because the account does not exist or has been closed, the worker's lien continues to exist and the Dealership is entitled to possession of the vehicle in accordance with S. 9.609 of the Texas Business & Commerce Code until the amount due is paid.

Customer X _____ Date _____

PAYMENT TERMS: I agree to pay for the inspection and repairs I authorize, along with the necessary materials, in Cash or approved credit card upon completion of the Repairs unless the Dealership agrees to other payment arrangements in advance.

CHARGES FOR DIAGNOSTIC/PARTIALLY COMPLETED WORK: If I authorize commencement of repairs or disassembly of the vehicle or a vehicle component and do not authorize completion, of a repair or service, I will pay any charge imposed for disassembly, reassembly or partially completed work. Such charges will be directly related to the actual amount of labor and parts involved in the inspection, repair or service.

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE REVERSE SIDE OF THIS REPAIR ORDER FOR THE DEALERSHIP'S LIMITED WARRANTY.

I understand that the Dealership is not responsible for any delays caused by unavailability of parts or shipping by the supplier or transporter, nor is it responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control.

I hereby grant the Dealership permission to operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle. I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing that data with the vehicle manufacturer for diagnostic and research purposes.

Customer X _____ Date _____

DealerCAR 2014 CDK Global, LLC (09/14) WORKORDER TYPE 3 - SW3C - "LIMITED WARRANTY" - TX - 9994613

ESTIMATE: OUR DEALERSHIP WILL PROVIDE YOU WITH AN ESTIMATE FOR THE COST OF REPAIRS OR SERVICES UPON REQUEST. YOU CAN CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE INITIALING BESIDE ONE OF THE FOLLOWING CHOICES.

_____ WRITTEN ESTIMATE (Initials) _____ ORAL ESTIMATE (Initials) _____ NO ESTIMATE (Initials)

PRELIMINARY ESTIMATE $ _____

SHOP SUPPLY COSTS: A charge equal to 13.5% of the total cost of labor and parts, not to exceed $49.95, will be added to the Repair Order for shop supplies used in connection with the repair.

	DATE	TIME	BY
REVISED ESTIMATE (1)			
REVISED ESTIMATE (2)			
REVISED ESTIMATE (3)			

PARTS: All parts installed are new unless otherwise indicated. Upon request, replaced parts will be made available for inspection or returned to you (unless subject to a manufacturer's warranty, core charge, or otherwise specified).

Discard Replaced Parts ___(INITIAL) Saved Replaced Parts ___(INITIAL)

TECHNICIAN COPY

Report# :	G1ME9001 NHL			**Received:**	01/13/2016
CCRG/EPRC:S		**Reviewed Status:**		**Date:**	
Vehicle:	2015,F150 4X4 ,F150 ,SUP CRW,STYSD ,1FTEW1EF2FK[redacted]			**Build Date:**	09/24/2015
Odometer :	1,351	**Engine:**	5.0L 4V	**Calibration:**	FFC1130A
Transmission:	6R80E	**Axle:**		**A/C:**	YES
Dealer:	USA 04473 AutoNation Ford Gulf Freeway			**Phone#:**	[redacted]
City:	Houston	**State:**	Texas	**Country :**	USA

Originator: IGNACIO GARZA JR.
Symptom: 6 60 1 39 SP/ST/RD,STOPPING,PERFORM/EFFECT ,INTERMITTENT
Status:
VFG: V21 BRAKING
Additional Symptom: BRAKES DID NOT STOP VEHICLE
Fix: **Causal Component :**
Condition Code:

Hotliner: RTYDA **Phone:** **Regn Cd:** C2 Houston
Engineering: **Phone:** **TAR:**
Dlr Contact: IGNACIO GARZA JR. **Phone:** **Title Cde:** T

KOEO:
KOEC:
KOER:

CONCER **01/13/2016 10:17AM RYAN TYDA MSS - FCSD - TECH SVC HOTLINE**

Web Form Data Description of Vehicle Concern: A) CUSTOMER STATES THAT WHILE DRIVING IN STOP AND GO TRAFFIC AT APPROXIAMETLY 15 MPH HE ATTEMPTED A SUDDEN STOP TO AVOID A VEHICLE THAT WAS ABOUT 30 FEET IN FRONT , THE BRAKES DID NOT STOP THE VEHICLE. CUSTOMER DROVE VEHICLE TO DEALER FOR INSPECTION. (HAS BODY DAMAGE) Please list any diagnostics already performed: TEST DROVE VEHICLE, PARKING LOT MANEUVERS, MID TO HIGH SPEEDS, LIGHT AND AGGRESSIVE BRAKING, THE BRAKES AND ABS ARE WORKING PROPERLY AT THIS TIME. LIFTED THE VEHICLE OFF THE GROUND AND CHECKED ALL 4 WHEELS FOR STICKING OR LOCKING UP, WHEELS MOVE FREELY. CHECKED THE MASTER CYLINDER BRAKE FLUID LEVEL, LEVEL IS AT ITS NORMAL LEVEL. PERFORMED A VISUAL INSPECTION OF THE BRAKE SYSTEM FOR ANY BINDING OR FLUID LEAKS OR ANY OTHER PROBLEM THAT MAY AFFECT THE PERFORMANCE OF THE BRAKE SYSTEM. REMOVED ALL 4 WHEELS AND COMPRESSED ALL 4 CALIPER PISTONS, REMOVED THE CALIPERS AND THE BRAKE PADS FROM THE BRACKETS AND CHECKED THE CALIPER PINS FOR BINDING OR STICKING, CHECKED THE SLIDES, NO PROBLEMS FOUND, ALL CALIPER PINS MOVE FREELY, IN AND OUT AND ARE PROPERLY LUBRICATED. CHECKED WITH FORD OASIS FOR ANY POSSIBLE RECALLS, TSB's OR SSM's ON THE CUSTOMERS CONCERN, NO INFORMATION FOUND AT THIS TIME. INSTALLED BACK THE BRAKE PADS, CALIPERS AND WHEELS, PUMPED THE BRAKE PEDAL TO GET THE PISTONS/ BRAKE PADS BACK TO ITS POSITION, THE BRAKE PEDAL FEEL BACK.

RQ16-001 00060 LCPV

TEST DROVE VEHICLE, THE ABS AND BRAKES ARE WORKING PROPERLY AT THIS TIME. THE BRAKE PEDAL TRAVEL IS NORMAL, THE BRAKE PEDAL FEEL IS NORMAL. Parts Replaced: NO PARTS ADDED Your Question: WE ARE INVESTIGATING THIS CUSTOMERS CONCERN ON THE BRAKING PERFORMENCE OF THIS VEHICLE. AS WRITEN ON THE CUSTOMERS CONCERN, THE VEHICLE DID NOT WANT TO STOP AT 15 MPH AT A DISTANCE OF 30 FEET. MY BOSS IS ASKING FOR THE ACCEPTABLE STOPPING DISTANCE OF THIS VEHICLE ON A DRY PAVEMENT AT 15 MPH AND AT 20 MPH. I MADE A VIDEO OF THE STOPPING DISTANCE FROM 15 AND 20 MPH. FROM 15 MPH I MEASURED 73' AND FROM 20 MPH I MEASURED 135' FROM THE CONE TO THE CENTER OF THE WHEEL. THANK YOU FOR YOUR TIME. Was on the phone with technician Ignacio in regards to another contact they had with us and he mentioned that he just submitted this one. He states that at about 15 miles an hr the vehicle would not stop and it rear ended the vehicle in front of him. The distance between brake apply and vehicle that they hit was 30 feet. I then spoke with Service Manager Raymond and informed him of the OGC process.

RECOMM **01/13/2016 10:17AM RYAN TYDA MSS - FCSD - TECH SVC HOTLINE**

Raymond, When you have a concern alleging a fire, accident, injury, property damage and/or burn has occurred due to an alleged product defect, pursuant to the Warranty and Policy Manual, no repairs should be performed. See below:

-**U.S. Dealerships** should complete a **Dealer/Fleet Request for OGC Review** found on FMCDealer.com - Parts & Service Tab - Customer Satisfaction link.

NOTE: The Technical Service Hotline will not be able to provide further assistance with this issue until after the OGC review.

Requester: ATAYLO29 19-Jan-2016
Report Summary **Ford Proprietary, Private** **Retention:** None
Server: ECCVWS962

Copyright ©2013 Ford Motor Company | All rights reserved.

CUSTOMER #: [redacted]

[redacted]

ACCOUNTING

[redacted]

PEARLAND, TX [redacted]

[redacted]

AutoNation

AutoNation Ford Gulf Freeway

12227 GULF FREEWAY
HOUSTON, TEXAS 77034
(713) 371-4100
SERVICE DIRECT (713) 371-4200
www.autonation.com

** PRE-INVOICE **

SERVICE ADVISOR: 4733 RAMON AMAYA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
MAGNETIC M	15	FORD F150	1FTEW1EF2FKE[redacted]		1338/1346	T8296

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30DEC15 DD			09:00 15JAN16			CASH	21JAN16

R.O. OPENED	READY	OPTIONS:
13:24 08JAN16	13:36 21JAN16	SOLD-STK:FKE70194 DLR:04473 ENG:5L_8_Cyl TRN:A

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	COST	SALE	COMP	LIST	NET	TOTAL

A CUSTOMER STATES THAT WHILE DRIVING IN STOP AND GO TRAFFIC AT APPROXIAMETLY 15 MPH HE ATTEMPTED A SUDDEN STOP TO AVOID A VEHICLE THAT WAS ABOUT 30 FEET IN FRONT , THE BRAKES DIDNOT STOP THE VEHICLE. CUSTOMER DROVE VEHILE TO DEALER FOR INSPECTION. (HAS BOD

CAUSE: X

BR001 CUSTOMER STATES THAT WHILE DRIVING IN STOP AND GO TRAFFIC AT APPROXIAMETLY 15 MPH HE ATTEMPTED A SUDDEN STOP TO AVOID A VEHICLE THAT WAS ABOUT 30 FEET IN FRONT , THE BRAKES DID NOT STOP THE VEHICLE. CUSTOMER DROVE VEHILE TO DEALER FOR INSPECTION. (HAS BOD

7520 GARZA,IGNACIO JR LIC#: 7520

IFNT 2.73 0.00 0 0 0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

1346 X TEST DROVE VEHICLE, PARKING LOT MANEUVERS, MID TO HIGH SPEEDS, LIGHT AND AGGRESSIVE BRAKING, THE BRAKES AND ABS ARE WORKING PROPERLY AT THIS TIME. USED THE IDS AND PERFORMED A SELF TEST TO CHECK FOR ANY POSSIBLE DTC's, THE ABS SYSTEM PASSED, NO DTC's DETECTED. LIFTED THE VEHICLE OFF THE GROUND AND CHECKED ALL 4 WHEELS FOR STICKING OR LOCKING UP, WHEELS MOVE FREELY. CHECKED THE MASTER CYLINDER BRAKE FLUID LEVEL, LEVEL IS AT ITS NORMAL LEVEL. CHECKED THE BRAKE FLUID FOR CONTAMINATION, ANOTHER FLUID MIXED WITH THE BRAKE FLUID, BRAKE FLUID IS CLEAN. PERFORMED A VISUAL INSPECTION OF THE BRAKE SYSTEM FOR ANY BINDING OR FLUID LEAKS OR ANY OTHER PROBLEM THAT MAY AFFECT THE PERFORMANCE OF THE BRAKE SYSTEM. REMOVED ALL 4 WHEELS AND COMPRESSED ALL 4 CALIPER PISTONS, REMOVED THE CALIPERS AND THE BRAKE PADS FROM THE BRACKETS AND CHECKED THE CALIPER PINS FOR BINDING OR STICKING, CHECKED THE SLIDES, NO PROBLEMS FOUND, ALL CALIPER PINS MOVE FREELY, IN AND OUT AND ARE PROPERLY LUBRICATED. CHECKED WITH FORD OASIS FOR ANY POSSIBLE RECALLS, TSB's OR SSM's ON THE CUSTOMERS CONCERN, NO INFORMATION FOUND AT THIS TIME. INSTALLED BACK THE BRAKE PADS, CALIPERS AND WHEELS, PUMPED THE BRAKE PEDAL TO GET THE PISTONS/ BRAKE PADS BACK TO ITS POSITION, THE BRAKE PEDAL FEEL BACK. TEST DROVE VEHICLE, THE ABS AND

If Payment Made By Check

When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer ("EFT") from your account or to process the payment as a check transaction. If processed as an EFT, funds may be withdrawn from your account as soon as today. You agree that you will not dispute us electronically debiting your account, so long as the amount corresponds to the amount on this invoice. In the event your check or EFT is returned unpaid for any reason, you authorize us or our agent to charge a service fee up to the maximum amount permitted by law.

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE REVERSESIDE OF THIS REPAIR INVOICE FOR THE DEALERSHIP'S LIMITED WARRANTY.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

***SHOP SUPPLY COSTS:** We have added a charge equal to 13.5% of the total cost of labor and parts, not to exceed $49.95, to the Repair Order for shop supplies used in connection with this repair.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

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

NOTICE OF WORKER'S LIEN PURSUANT TO TEXAS PROPERTY CODE s. 70.001: The undersigned, being the person who has paid for repairs to the vehicle described in this Repair Invoice, understands that if the Dealership relinquishes possession of the vehicle in return for payment via a check, money order or credit card transaction that is stopped or dishonored due to insufficient funds, no funds, or because the account does not exist or has been closed, the worker's lien continues to exist and the Dealership is entitled to possession of the vehicle in accordance with S. 9.609 of the Texas Business & Commerce Code until the amount due is paid. Customer X _____ Date _____

DealerCAP 2014 CDK Global, LLC (09141 SERVICE INVOICE TYPE 2 - SIZE - "LIMITED WARRANTY" - TX - 9698013

ACCOUNTING COPY

CUSTOMER #: [redacted]

[redacted]

ACCOUNTING

AutoNation

AutoNation Ford Gulf Freeway

12227 GULF FREEWAY
HOUSTON, TEXAS 77034
(713) 371-4100
SERVICE DIRECT (713) 371-4200
www.autonation.com

[redacted]

PEARLAND, TX [redacted]

PAGE 2

[redacted] * PRE-INVOICE **

SERVICE ADVISOR: 4733 RAMON AMAYA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
MAGNETIC_M	15	FORD F150	1FTEW1EF2FKE[redacted]		1338/1346	T8296

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30DEC15 DD			09:00 15JAN16			CASH	21JAN16

R.O. OPENED	READY	OPTIONS:
13:24 08JAN16	13:36 21JAN16	SOLD-STK:FKE70194 DLR:04473 ENG:5L_8_Cyl TRN:A

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	COST	SALE	COMP	LIST	NET	TOTAL
	BRAKES ARE WORKING PROPERLY AT THIS TIME. THE BRAKE PEDAL TRAVEL IS NORMAL, THE BRAKE PEDAL FEEL IS NORMAL. TESTED THE VEHICLE STOPPING DISTANCE FROM 15 FEET AND 20 FEET. FROM 15 FEET STOPPING DISTANCE MEASURED 73" FROM 20 FEET 135".										
B	PERFORM MULTI-POINT INSPECTION										
	99P	PERFORM MULTI-POINT INSPECTION									
		7520	GARZA,IGNACIO JR LIC#: 7520								
			IFNT	0.00	0.00	0	0			0.00	0.00
	MULTI-A	CUSTOMER REQUESTED TO HAVE VEHICLE SAFETY CONDITION INSPECTION PERFORMED THIS VISIT									
		2112	IFNT	0.00	0.20	320	0			0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:					0.00
C	SERVICE CONTRACT RENTAL - CUST. IS RESPONSIBLE FOR ALL CHARGES NOT PAID BY SERVICE CONTRACT.										
	SCRENT	SERVICE CONTRACT RENTAL - CUST. IS RESPONSIBLE FOR ALL CHARGES NOT PAID BY SERVICE CONTRACT.									
		7520	GARZA,IGNACIO JR LIC#: 7520								
			IFNT	0.00	0.00	0	0			0.00	0.00
SUBL	ENTERPRISE PO#4123225										
			CF			15000	18000			180.00	180.00
PARTS:	0.00	LABOR:	0.00	OTHER:	180.00	TOTAL LINE C:					180.00
D	Tonneau Cover										
	IN77	Tonneau Cover									
		7520	GARZA,IGNACIO JR LIC#: 7520								
			IFNT	0.00	0.00	0	0			0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE D:					0.00
E	Bedliner										
	IN32	Bedliner									
		7520	GARZA,IGNACIO JR LIC#: 7520								
			IFNT	0.00	0.00	0	0			0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE E:					0.00

If Payment Made By Check

When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer ("EFT") from your account or to process the payment as a check transaction. If processed as an EFT, funds may be withdrawn from your account as soon as today. You agree that you will not dispute us electronically debiting your account, so long as the amount corresponds to the amount on this invoice. In the event your check or EFT is returned unpaid for any reason, you authorize us or our agent to charge a service fee up to the maximum amount permitted by law.

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE REVERSE SIDE OF THIS REPAIR INVOICE FOR THE DEALERSHIP'S LIMITED WARRANTY.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

SHOP SUPPLY COSTS: We have added a charge equal to 13.5% of the total cost of labor and parts, not to exceed $49.95, to the Repair Order for shop supplies used in connection with this repair.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

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

NOTICE OF WORKER'S LIEN PURSUANT TO TEXAS PROPERTY CODE s. 70.001: The undersigned, being the person who has paid for repairs to the vehicle described in this Repair Invoice, understand that if the Dealership relinquishes possession of the vehicle in return for payment via a check, money order or credit card transaction that is stopped or dishonored due to insufficient funds, no funds, or because the account does not exist or has been closed, the worker's lien continues to exist and the Dealership is entitled to possession of the vehicle in accordance with S. 9.609 of the Texas Business & Commerce Code until the amount due is paid. Customer X _____ Date _____

DealerCAP 2014 CDK Global, LLC - (99P4) SERVICE INVOICE TYPE 2 - 5/2C - "LIMITED WARRANTY" - TX - 9698513

ACCOUNTING COPY

RQ16-001 000063 LCPV