

From: renec@lorenzoford.com
To: [Ordcalp, F \(F.\)](#)
Cc: "[Luis Sierra](#)"
Subject: [REDACTED] seat belt deployed
Date: Wednesday, July 05, 2023 5:47:50 PM
Attachments: [REDACTED] [seat belt .pdf](#)
Importance: High

WARNING: This message originated outside of Ford Motor Company. Use caution when opening attachments, clicking links, or responding.

Hello,

Please see attached document for seat belt deployment incident on behalf of mutual customer, [REDACTED]. Customer seeks repair of vehicle at this time.

Please advise on how to proceed.

Call Us: (866) 370-8011
Visit us at <https://www.lorenzoford.com>
30725 South Federal Highway
Homestead, FL 33030

Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: OPENED

Customer: [REDACTED]
 Phone(s): Contact: [REDACTED]
 Vehicle: 1FMJK1HT4KE [REDACTED]

Main: [REDACTED] 3
 2019 EXPDMX BLACK

Click to View Cust Copy
 Cell: [REDACTED]

Mileage: 58,816
 Service advisor: 1930
 Tag number: [REDACTED]

Payment type: CASH
 Promised time: 08:54 AM
 Promised date: 06/15/2023

Waiter: No
 Estimate: 163.90
 Customer Comments: No

A CUSTOMER STATES PASSENGER FRONT SEAT BELT WHILE DRIVING MADE A LOUD POP AND SEATBELT WOULD NOT DISENGAGE					
99	C			0.00	0.00
Tech(s):					
Pts:	0.00	Lbr:	0.00	Other:	0.00
					Total Line A:
B CUSTOMER STATES AIRBAG LIGHT CAME ON AFTER POP SOUND					
99	C			0.00	0.00
Tech(s):					
Pts:	0.00	Lbr:	0.00	Other:	0.00
					Total Line B:
C Multi Point Inspection					
99P	I	Multi Point Inspection		0.30	34.50
Tech(s):					
Pts:	0.00	Lbr:	34.50	Other:	0.00
					Total Line C:

Customer Pay	
Labor	0.00
Parts	0.00
Lube	0.00
Sublet	0.00
Miscellaneous/Shop Charge	0.00
Deductible	0.00
Total Charges	0.00
Less Insurance/Adjustment	0.00
Sales Tax	0.00
Total	0.00

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:

Lorenzo Ford

Requesting Dealer/Fleet:

Lorenzo Ford

P&A Code:

05326

Contact Person:

RENE CALVO

Title:

SERVICE DIRECTOR

Phone Number:

305 247 5112

Fax Number:

na

Email Address:

renec@lorenzoford.com

Region:

South East

Address:

30725 S DIXIE HWY

City:

Homeslead

State:

Florida

Zip Code:

33030

CUSTOMER/VEHICLE INFORMATION

Warranty Start Date:

02/17/2019

Vehicle Year:

2019

Vehicle Model:

EXPEDITION

Vehicle VIN:

1FMJK1HT4K [REDACTED]

Mileage:

58816

Customer/Fleet Name:

[REDACTED]

Street Address:

[REDACTED]

City:

HOMESTEAD

State:

Florida

Zip Code:

[REDACTED]

Home Phone:

[Redacted]

Work Phone:

[Redacted]

Email Address:

[Redacted]

Region:

South East

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:



















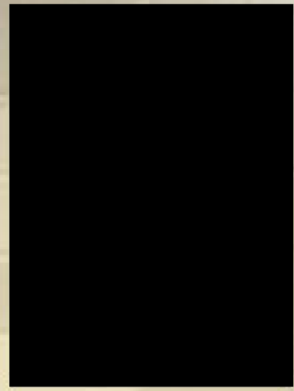














L H C H E F C H



Distance to Empty NE
255 miles
050020.1mi



P R N D M

MFD. BY FORD MOTOR CO.
 FRONT GAWR: 1497 KG (3300 LB)
 WITH 275/65R18 116H
 18x8.5J

DATE: 01/19 GVWR: 3334 KG (7350 LB)
 REAR GAWR: 1905 KG (4200 LB)
 TIRES WITH 275/65R18 116H
 RIMS 18x8.5J
 AT 240 kPa/ 35 PSI COLD

TIRES
 RIMS

AT 240 kPa/ 35 PSI COLD
 THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE
 SAFETY STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.
 VIN: 1FMJK1HT4KE [REDACTED] TYPE: MPV [REDACTED]



EXT PNT: UM RC: 72 DSO: F0306
 WB INT TR TP/PS R AXLE TR SPR T0645
 132 JH E 15 U AACC
 MADE IN U.S.A. ULC SUSA-3520472-AA

TIRE AND LOADING INFORMATION



SEATING CAPACITY TOTAL: 8 FRONT: 2 REAR: 6
 The combined weight of occupants and cargo should never exceed: 812 kg or 1791 lbs.

SUSA-1532-AA

TIRE	SIZE	COLD TIRE PRESSURE
FRONT	275/65R18 116H	240 kPa, 35 PSI
REAR	275/65R18 116H	240 kPa, 35 PSI
SPARE	265/70R17 115T	240 kPa, 35 PSI

SEE OWNERS
 MANUAL FOR
 ADDITIONAL
 INFORMATION













WARRANTY
100000 Miles
10 Years

100000 Miles
10 Years











EXPEDITION

Available

XLT

ROTARY LIFT









Thursday, June 15, 2023 | Mileage: 94659 km

All [dropdown] All [dropdown]

Sequence	Action	Start Time	End Time	Resource ID	Technician
1	PTS : VIN 1FMJK1HT4KE [REDACTED]	8:37 AM	Click to PRINT Vehicle History		I-siem6
2	PTS : Connected Vehicle Status	8:37 AM	8:37 AM		I-siem6
3	Network Test	9:18 AM	9:18 AM	JavaNTest	m-pazos
4	Self Test	9:19 AM	9:27 AM		m-pazos

[Self Test results](#) Manual Module Selection Last Updated 9:19:48 AM

Module	Network	DTC	FT	ST	Description	DTC Type	Time Si
RCM	HS2	B007F	13	8B	- Passenger Seatbelt Pretensioner 'C' Deployment Control	On Demand CMDTC	14 days
<p>RCM - B007F : 13 : 8B B007F = Passenger Seatbelt Pretensioner 'C' Deployment Control FT : 13 = Circuit Open ST : 8B = Current DTC - Warning Lamp On. Fault is currently present, warning lamp on (MIL, Wrench, Message Center, etc.). This module usesGGDS Format null DTC descriptions.</p>							+ Freeze Frame / Snapshot

Vehicle Update 9:27:25 AM [View](#)

Odometer reading 94658.5 KM

5	PTS : VIN 1FMJK1HT4KE [REDACTED]	9:24 AM	9:24 AM		m-pazos
6	PTS : Connected Vehicle Status	9:24 AM	9:24 AM		m-pazos
7	PTS : Workshop Manual : 2019 Expedition	9:25 AM	9:25 AM	SKJ	m-pazos
8	Datalogger	9:27 AM	9:30 AM		m-pazos
Module : [RCM] LiveDisplayEntry Selected Parameters: [DEPLOY_24_R]					
9	Self Test	9:30 AM	9:32 AM		m-pazos

[Self Test results](#) All CMDTCs Last Updated 9:30:45 AM

Vehicle Update 9:32:25 AM [View](#)

Odometer reading 94658.5 KM

LORENZO FORD

CUSTOMER #: [REDACTED]

WARRANTY

30725 S Dixie Hwy
Homestead, FL 33030
Direct Phone 866-370-8012
Fax 305-809-7889
MVR# 72558 MV# 1133911

DUPLICATE 1
PAGE 1

HOMESTEAD, FL

HOME: [REDACTED]
BUS: [REDACTED]

CONT: [REDACTED]
CELL: [REDACTED]

SERVICE ADVISOR: 1930 LUIS SIERRA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLACK	19	FORD EXPEDITION MAX	1FMJK1HT4KE[REDACTED]	[REDACTED]	58816/58820	[REDACTED]	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
03OCT20 DD			08:54 15JUN23		163.90	CASH	28AUG23
R.O. OPENED	READY	OPTIONS:	SOLD-STK	ENG:	Liter		GTDI
08:42 15JUN23	16:44 28AUG23	TRN:AUTO	[REDACTED]	3.5			

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

A CUSTOMER STATES PASSENGER FRONT SEAT BELT WHILE DRIVING MADE A LOUD POP AND SEATBELT WOULD NOT DISENGAGE

CAUSE: OK							
12651D	BODY / CHASSIS / ELECTRICAL (BCE) - TEST						
	2296 W 0.20					25.60	25.60
1	JL1Z*78611B08*AD PRETENSIONER - SEAT BELT						
	RETRA				287.70	287.70	287.70
1	JL1Z*78611B09*AG SEAT BELT ASY				283.02	283.02	283.02
12651DX1	BODY / CHASSIS / ELECTRICAL (BCE) - TEST						
	2296 W 0.10					12.80	12.80
12651D45	BODY/CHASSIS/ELECTRICAL - DIAGNOSTIC PIN						
	POINT TEST - L						
	2296 W 0.30					38.40	38.40
61108AT	SEAT BELT RETRACTOR ASSY - FRONT -						
	REPLACE (611B08/611B09) - L						
	2296 W 1.20					153.60	153.60
FC: PART#:	COUNT:		34243		57072	TPARTS	
CLAIM TYPE:							
AUTH CODE:							
2296			5400		23040	TLABOR	

TECH: 2296 ACTUAL HRS.: 0.00 SOLD HRS.: 1.8

SALE-LBR:	230.40	PTS:	570.72	MSC:	0.00	LUB:	0.00	SUB:	0.00	TOTAL	801.12
COST-LBR:	54.00	PTS:	342.43	MSC:	0.00	LUB:	0.00	SUB:	0.00	TOTAL	396.43

58816
VERIFIED THE CUSTOMER'S CONCERN OF THE SEAT BELT WILL NOT RETRACT.
PERFORMED A VISUAL INSPECTION. PERFORMED A SCAN USING THE FDRS TO

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

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND 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 PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

*SHOP SUPPLY COSTS: We have added a charge equal to 7% of the total cost of labor and parts, not to exceed \$60.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state (s.403.718), and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state (s.403.7185).

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the 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
------	--------------------	--

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

Customer X _____ Customer X _____

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.
PE23-021 000039 LCSV

LORENZO FORD

30725 S Dixie Hwy
Homestead, FL 33030
Direct Phone 866-370-8012
Fax 305-809-7889
MVR# 72558 MV# 1133911

CUSTOMER #:

WARRANTY

DUPLICATE 1
PAGE 3

HOMESTEAD, FL

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

SERVICE ADVISOR: 1930 LUIS SIERRA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	19	FORD EXPEDITION MAX	1FMJK1HT4KE [REDACTED]	[REDACTED]	58816/58820	[REDACTED]

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
03OCT20 DD			08:54 15JUN23		163.90	CASH	28AUG23

R.O. OPENED	READY	OPTIONS:	SOLD-STK:	ENG:
08:42 15JUN23	16:44 28AUG23	TRN:AUTO	[REDACTED]	3.5_Liter_GTDI

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

CONCERN CODE:
LOANER COURTESY LOANER PROVIDED BY LORENZO FORD

2296	W	0.00	0	0	TPARTS	0.00	0.00
			0	0	TLABOR		

TECH: 2296 ACTUAL HRS.: 0.00 SOLD HRS.: 0.00

SALE-LBR:	0.00	PTS:	0.00	MSC:	0.00	LUB:	0.00	SUB:	0.00	TOTAL	0.00
COST-LBR:	0.00	PTS:	0.00	MSC:	0.00	LUB:	0.00	SUB:	0.00	TOTAL	0.00

ESTIMATE: 163.90 15JUN23 08:42 SA: 1930

CONTACT: [REDACTED]

COMPANY NAME	SERVICE CONTRACT
COMPANY PHONE	
POLICY NUMBER	TBD
POLICY TERM	48
EFFECTIVE DATE	03 OCT 2020
DEDUCTIBLE	0.00
MILEAGE LIMIT	50000
BEGIN MILES	36807
END MILES	86807

COMPONENTS

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND 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 PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.	DESCRIPTION	TOTALS
*SHOP SUPPLY COSTS: We have added a charge equal to 7% of the total cost of labor and parts, not to exceed \$60.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state [s.403.7185].	LABOR AMOUNT	
	PARTS AMOUNT	
	GAS, OIL, LUBE	
	SUBLET AMOUNT	
	MISC. CHARGES *	
	TOTAL CHARGES	
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the 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.	LESS INSURANCE	
	SALES TAX	
DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE
		PLEASE PAY THIS AMOUNT

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

Customer X _____ Customer X _____

LORENZO FORD

CUSTOMER #: [REDACTED]

WARRANTY

30725 S Dixie Hwy
Homestead, FL 33030
Direct Phone 866-370-8012
Fax 305-809-7889
MVR# 72558 MV# 1133911

DUPLICATE 1
PAGE 4

HOMESTEAD, FL

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

SERVICE ADVISOR: 1930 LUIS SIERRA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	19	FORD EXPEDITION MAX	1FMJK1HT4KE[REDACTED]	[REDACTED]	58816/58820	[REDACTED]

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
03OCT20 DD			08:54 15JUN23		163.90	CASH	28AUG23

R.O. OPENED	READY	OPTIONS:	SOLD-STK:	ENG:
08:42 15JUN23	16:44 28AUG23	TRN:AUTO	[REDACTED]	3.5_Liter_GTDI

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

06/15 DROPPED OFF. UPDATE BY
06/2007/10 CUSTOME R AWARE
FORD INVOLVED IN CASE. OUT OF
DEALERS H ANDS. WILL BE
CONTACTED BY DEALER OR FORD
REP A FTER INVESTIGATION IS
PERFORMED.

TECH: 2296 ACTUAL HRS.: 0.00 SOLD HRS.: 1.8

SALE-LBR: 3530.40 PTS: 570.72 MSC: 0.00 LUB: 0.00 SUB: 0.00 TOTAL 4101.12
COST-LBR: 54.00 PTS: 342.43 MSC: 0.00 LUB: 0.00 SUB: 0.00 TOTAL 396.43
*** NO RO PUNCH TIMES ON FILE ***

ACCOUNT	SALE	COST	CONTROL	ACCOUNT	SALE	COST	CONTROL
57200	353040	5400		54600	57072	34243	
11400	410112	*****					

COST, SALE, & COMP TOTALS 39643 410112 0

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND 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 PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

***SHOP SUPPLY COSTS:** We have added a charge equal to 7% of the total cost of labor and parts, not to exceed \$60.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state [s.403.7185].

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the 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.

DESCRIPTION	TOTALS
LABOR AMOUNT	3530.40
PARTS AMOUNT	570.72
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	0.00
TOTAL CHARGES	4101.12
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	4101.12

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

Customer X _____ Customer X _____

Lorenzo Ford

30725 South Federal Highway, Homestead, FL 33030
305-247-5112

INVOICE

Contract Details

Customer [REDACTED]
Service Vehicle ID [REDACTED]
Contract ID [REDACTED]
Service Repair Order [REDACTED]
Duration 08/04/2023 - 08/18/2023

Vehicle Details

VIN 1FTEW1CP6PK [REDACTED]
License Plate [REDACTED]
Stock Number [REDACTED]

Charge Summary

Warranty Authorization Number	
Daily Rate	\$60.00/Day
Warranty Days	10.0
Taxable Rate	0.00%
Sub-total	\$600.00
Total	\$600.00



Rental Company: ENTERPRISE RENT-A-CAR
Invoice: [REDACTED]
Alternate Invoice Number: [REDACTED]

Bill To: [REDACTED]
LORENZO FORD
ATTN: LUIS SIERRA
30725 S FEDERAL HWY
HOMESTEAD, FL 330305010

RENTAL DETAIL:

Rental Period: 6/20/23 to 8/4/23 (45 days)
Billed Period: 6/20/23 to 8/4/23 (45 days)

RENTER INFORMATION:

Renter: [REDACTED], [REDACTED]

RENTAL INFORMATION:

Rental Branch Location:
ENTERPRISE RENT-A-CAR (4116)
36 W MOWRY DR
HOMESTEAD, FL 330305902
(305) 246-2056

Products and Services	Quantity	Rate	Amount
TIME & DISTANCE	45	59.50	\$2,677.50
NO CHARGE DISTANCE	0	0.00	\$0.00
Taxes and Surcharges			
VEHICLE LICENSE FEE RECOVERY	45	0.50	\$22.50
Total Charges:			\$2,700.00
Less Amount Received:			\$0.00
Total Amount Due:			\$2,700.00

ADDITIONAL CLAIM INFORMATION:

PO Number : [REDACTED]

Owner's Vehicle: 2019 FORD EXPEDITION
Additional Driver:

Repair Facility:

LORENZO FORD
HOMESTEAD, FL 330305010
(305) 247-5112

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage	Rate Charged
6/20/23 12:44 PM	2023	FORD	F15C	1FTFW1E84P[REDACTED]	12890	14236	1346	\$59.50

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR (41LB)
PO BOX 840086

Total Charges: \$2,700.00
Less Amount Received: \$0.00
Total Amount Due..... \$2,700.00

KANSAS CITY, MO 64184-0086
Federal ID:59-1664426

Please include on your check:
Invoice: [REDACTED]

D
E
F
G
H



**Business
Phone**



Mobile Phone



Email



Delegate Info

**Customer
Delegate**

**Customer
Delegate
Relationship**

**Customer
Delegate
Phone**

Customer Scores

LTV Score

**All Marketing
Scores**

Loyalty Score

ESP Score

**Defector
Score**

Dissat Score

**Likelihood To
Service** Yes
In-Market

Service Segments

Dealer Info

Dealer Info

Dealer Name San Tan Ford

P&A Code 07488

**Dealer Service
Manager** Michael Peek Jr

**Dealer Phone
Number** 4808213200

**More Than
One Service
Manager** No

Dealer Contact

Vehicle Info

Vehicle Info

VIN

1FMJK1HT0KE

Mileage

Warranty Start Date 3/27/2019 **Mileage Units** Miles

Hours In Service **Converted Mileage**

Vehicle Classification

Vehicle Classification Full Path 2019 > FORD > EXPEDITION > K1H - EXPEDITION MAX XLT 4X2

Model Year 2019 **Engine Specification** 3.5L V6 GTDI

Make FORD **Transmission Specification** 10 SPD AUTO TRANSMISSION-10R80

Model/Vehicle Line EXPEDITION

Body Style K1H - EXPEDITION MAX XLT 4X2

Equipment & Software

SYNC Version **Modem/TCU?** Yes

Installed SYNC Version **Installed Date**

WIFI Capable No **WIFI Enabled** No

Data Usage **Date Retrieved**

Case Classification

Case Classification

Case Classification Team US Ford Passenger Vehicle Inquiry NA CRC

Case Classification Full Path Legal > Alleged Injury due to Product Defect

- Level 1** Legal

- Level 2** Alleged Injury due to Product Defect

- Level 3**

- Level 4**

Symptom Code

Symptom Classification

Symptom Classification Full Path

Level 1

Level 2

Level 3

Level 4

More Than One Symptom Codes? No

Additional Symptom Codes

Level 1	Level 2	Level 3	Level 4
---------	---------	---------	---------

Activities

Activities

Subject	Activity Type	Status	Created On	Created By
Case Assignment - CAS- [REDACTED]	Case Assignment	Completed	8/30/2023 5:02 PM	a8ea806a-f003-47d4-a7d2-30447dcda4cf

Resolution for Case: CAS- [REDACTED]	Palvelupyynnön ratkaisu	Completed	8/30/2023 5:17 PM	Deandre Walter
---	----------------------------	-----------	----------------------	----------------

Notes & Attachments

Title	Note	File Name
<p>Created On 08/30/2023 16:15:51 By: Deandre Walter Primary Team:US Ford Passenger Vehicle Inquiry NA CRC</p>	<p>VIN# 1FMJK1HT0KE [REDACTED] IBC FROM CUST: MY VEH HAD A MALFUNCTION THAT ENDED IN A INQUIRY THE SEAT BELT PRE TENSION DEPLOYED WHILE WE WERE DRIVING BUT WE DID NOT GET IN A ACCIDENT SO I HAD TO TAKE MY VEH TO THE DLR FOR REPAIRS AND I HAD TO GOT O THE HOSPITAL SO IM SEEKING ASSISTANCE WITH MY MEDICAL BILLS</p> <p>CXS ADVISED: Has the customer filed a claim with their insurance company? YES</p> <p>If a claim has been filed with their insurance company, what is the status of the claim? UNDER REVIEW</p> <p>Is the vehicle repairable? YES</p> <p>Were any injuries sustained for which the parties sought treatment? If yes, provide the first and last name of all injured parties. [REDACTED]</p> <p>Are you seeking any form of assistance from the Ford Motor Company? If yes, what form of assistance (e.g., medical bill reimbursement, repair assistance, or other)? MEDICAL BILLS</p> <p>What was the date of the accident? 7/22/2023</p> <p>Do you believe a product defect influenced or caused the accident? If yes, what product defect is alleged to have caused the accident? THE PASSANGER SEATBELT</p> <p>What is the city and state where the accident occurred? QUEEN CREEK ARIZONA</p> <p>Was a police report filed? NO</p> <p>If a police report was filed, what were the findings? NA</p> <p>Are you able to provide a copy of the police report? NA</p>	

	<p>What is the police report number and in what city and county was the report filed? NA</p> <p>What is the name and address of the customer's attorney (Ask this question only if the customer mentions they have sought or retained an attorney)? NA</p> <p>What email address would you like our Office of General Counsel to send communication to regarding this matter? [REDACTED] QUEEN CREEK AZ [REDACTED]</p> <p>What mailing address would you like our Office of General Counsel to send your written response to (Document the full address)? [REDACTED] QUEEN CREEK AZ [REDACTED]</p> <p>Ford Motor Company Customer Experience Specialist-car/suv Deandre Walter Dwalte78@Ford.com www.Ford.com Office: 866-631-3788 EXT 79795 PVINQ</p>	
--	--	--

Email

Direction	Date	From	To	Subject	Body
-----------	------	------	----	---------	------

Additional Info

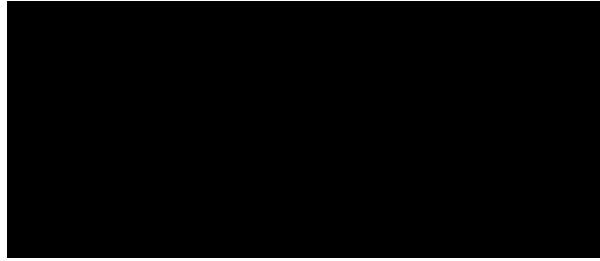
Admin Info

Archived Case?	No	Caller Authorization Code	[REDACTED]
Source System ID		Source System Name	
Created On	8/30/2023 5:01 PM	Created By	Deandre Walter
Modified On	Deandre Walter	Modified By	Deandre Walter

**Financial
Assistance
Provided?**

N/A

Case Age (Hours) 20.55



From: dcpform@ford.com
To: [Ordcalp, F \(F.\)](mailto:Ordcalp, F (F.))
Cc: aheady@jimclick.com
Subject: Dealer/Fleet Request For OGC Review
Date: Thursday, October 26, 2023 7:24:53 PM

Dealer/Fleet Request For OGC Review	
Dealership/Fleet Name:	Jim Click Ford
Requesting Dealer/Fleet:	Jim Click Ford
P&A Code:	20402
Contact Person:	W. Alan Heady
Title:	Service Manager
Phone Number:	520-519-7228
Fax Number:	520-570-7302
Email Address:	aheady@jimclick.com
Region:	Phoenix
Address:	11342 E. Cresote Range Drive
City:	Tucson
State:	Arizona
Zip Code:	85711
CUSTOMER/VEHICLE INFORMATION	
Warranty Start Date:	07/17/2019
Vehicle Year:	2019
Vehicle Model:	EXPEDITION
Vehicle VIN:	1FMJU1JT8KE [REDACTED]
Mileage:	308793
Customer/Fleet Name:	[REDACTED]
Street Address:	[REDACTED]
City:	Tucson
State:	Arizona
Zip Code:	[REDACTED]
Contact Phone:	[REDACTED]
Work Phone:	n/a
Email Address:	[REDACTED]
Region:	phoenix
DETAILS OF INCIDENT	
Incident Involves:	Injury
Date of Incident:	2023-10-26
County in which incident occurred:	Pima

Is customer alleging a component defect CAUSED the incident?	Yes
If yes, what type & details: If no, refer to Escalated Concern Handling section of the Customer Handling Roadmap	Drivers front seat belt imploded and locked up on the driver
Was a police report filed?	No
If yes, where:	N/A
Has the insurance company been contacted?	No
What did the insurance company advise?	N/A
Name and phone number of owner's insurance company & agent's name:	N/A
If the vehicle is a conversion unit, who is the coach builder?	No
City:	
State:	
Zip Code:	
Vehicle Location:	Jim Click Ford 6244 E. 22nd Street Tucson, Arizona 85711
Attorney Information (if applicable):	
CVO Contact (if applicable - Fleet Only):	
RESOLUTION THAT CUSTOMER IS SEEKING:	Customer injured due to seat belt imploding.
COMMENTS:	Vehicle is at our dealership no inspection or repair has been completed until advised further by the Manufacturer.

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION
06/20/23		42783	8448				
				8185	W	03FTZ01	HEAVY LINE
				8185	W	03FTZ02	HEAVY LINE
				8185	W	03FTZ03	HEAVY LINE
				8185	C	03FTZ099PX	ATW INSPECTION
				8185	I	03FTZ04	HEAVY LINE
				99	W	70FTZFHOUSE	IN HOUSE LOANER

CELL: [REDACTED]

SALESPERSON NO-5327 HIRAM-TD160GHEA

STATE REG# E
E# 99T

RECOMMENDED SERVICES

OPERATION	OPERATION DESCRIPTION	MO/MI	TOTAL
REVISD EST PARTS & LABORS	ESTIMATE DOES NOT INCLUDE TAX		
PERSON TALKED TO			
PHONE			
DATE			
2ND REVISED ESTIMATE PARTS & LABOR	ESTIMATE DOES NOT INCLUDE TAX		
PERSON TALKED TO			
PHONE			
DATE			

VEHICLE ID NO: JEMJ11178KE

YEAR/MAKE/MODEL: 19/FORD TRUCK/EXPEDITION/4DR 4WD

STOCK NO: [REDACTED] LICENSE NO: [REDACTED] R.O. NO: [REDACTED]

DELIVERY DATE: 07/31/19 DELIVERY MILES: 51 NOT USED R.O. DATE: 10/26/23

EXPIRATION DATE: 07/18/26 EXPIRATION MILES: 999,999 TAG NO: [REDACTED]

ADVISOR NO: 8448 PRODUCTION DATE: [REDACTED]

RESIDENCE PHONE: [REDACTED] TIME RECEIVED: 02:40pm

BUSINESS PHONE: [REDACTED] LABOR RATE: [REDACTED]

DATE/TIME PROMISED: 10/27/23 04:36pm PRIORITY: 30

PRELIMINARY ESTIMATE: ENVIRONMENTAL SURCHARGE X

ADVISOR: SEBASTIAN URSU SIGNED X

LABOR INSTRUCTIONS: [REDACTED]

ORIGINAL CUSTOMER ESTIMATE: TOTAL 100.00

1 C 05FTZMFG4 GENERAL REPAIR
C/S DRIVER SEAT BELT LOCKED UP WHILE DRIVING, LOUD EXPLOSION
TYPE NOISE AND SMOKE SENSED IN THE CABIN-C/A
POSSIBLE ESP OR AIRBAG RESTRAINT
NOTE =:UPON CHECK IN NO SIGNS OF ANY TYPE OF COLLISION

2 C* 70FTZFHOUSE IN HOUSE LOANER
CUSTOMER PROVIDED WITH IN-HOUSE FORD LOANER

NO	DAY	YR	MO	DAY	YR	NO	DAY	YR
8180								
42								

CELL: [REDACTED]



CUSTOMER NO.	ADVISOR SEBASTIAN URSU	8448	TAG NO.	INVOICE DATE 11/29/23	INVOICE NO.
TUCSON, AZ	LABOR RATE	LICENSE NO.	MILEAGE 46,029	COLOR RBY RD MET	STOCK NO.
	YEAR / MAKE / MODEL 19/FORD TRUCK/EXPEDITION/4DR 4WD		DELIVERY DATE 07/31/19	DELIVERY MILES 51	
	VEHICLE I.D. NO. 1 F M J U 1 J T 8 K E		SELLING DEALER NO. NOT USED	PRODUCTION DATE	
	F.T.E. NO.	P.O. NO.	R.O. DATE 10/26/23		
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS E# 99T			MO: 46033

JOB# 1 CHARGES-----

LABOR-----

J# 1 05FTZMFG4	GENERAL REPAIR	HOURS: 1.80	TECH(S):8180	297.00		
TECH#	DATE	START	FINISH	ACT	TIME	DESCRIPTION
8180	11/28/23	14.50	15.40	0.90	0.00	FINISHED
8180	11/28/23	0.00	0.00	0.00	1.80	FINISHED
		TOTAL TECH TIME	0.90	1.80		

C/S DRIVER SEAT BELT LOCKED UP WHILE DRIVING,LOUD EXPLOSION
TYPE NOISE AND SMOKE SENSED IN THE CABIN-C/A
POSSIBLE ESP OR AIRBAG RESTRAINT
NOTE =:UPON CHECK IN NO SIGNS OF ANY TYPE OF COLLISION
verified. performed diag and retrieved dtc b007e:13. found
ppt A. A1- yes dtc b007e:13. A2- no the pid reading is ol.
A3- no. A6- Yes resistance is .05 ohms. a7- yes the dtc does
change. a11- yes concern still present replaced driver
seatbelt retractor. retested good.
replaced both front seat belt retractor and pretensioner per
FORD

PARTS-----

QTY	FP	NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
1		JL1Z-78610E45-AK	PRETENSIONER	79.43	79.43	142.89	142.89
1		JL1Z-78611B09-AG	SEAT BELT ASY	171.29	171.29	308.15	308.15
1		JL1Z-78610E44-AK	PRETENSIONER	78.22	78.22	140.72	140.72
1		JL1Z-78611B08-AD	PRETENSIONER -	178.97	178.97	321.97	321.97
				COST TOTAL	507.91		
				TOTAL - PARTS		913.73	

JOB# 1 TOTALS-----

	LABOR	297.00
	PARTS	913.73
JOB# 1 JOURNAL PREFIX FJWS	JOB# 1 TOTAL	1210.73

JOB# 2 CHARGES-----

LABOR-----

J# 2 70FTZFHOUSE	IN HOUSE LOANER	HOURS: 0.00	TECH(S):99	0.00		
TECH#	DATE	START	FINISH	ACT	TIME	DESCRIPTION
99	11/24/23	12.00	12.00	0.00	0.00	FINISHED
99	11/24/23	0.00	0.00	0.00	0.00	FINISHED
		TOTAL TECH TIME	0.00	0.00		

CUSTOMER PROVIDED WITH IN-HOUSE FORD LOANER
STOCK #
DATE OUT#
MILEAGE OUT#
DATE IN#
MILEAGE IN#
TIME CHECKED IN#

MISC-----

CODE	DESCRIPTION	CONTROL NO	
	JIR JCFL IN-HOUSE RENTAL-SERVICE		1575.00
			TOTAL - MISC
			1575.00



CELL: [REDACTED]

CUSTOMER NO. [REDACTED]		ADVISOR SEBASTIAN URSU		8448	TAG NO. [REDACTED]	INVOICE DATE 11/29/23	INVOICE NO. [REDACTED]
TUCSON, AZ [REDACTED]		LABOR RATE	LICENSE NO.	MILEAGE 46,029	COLOR RBY RD MET	STOCK NO. [REDACTED]	
		YEAR / MAKE / MODEL 19/FORD TRUCK/EXPEDITION/4DR 4WD			DELIVERY DATE 07/31/19	DELIVERY MILES 51	
RESIDENCE PHONE		BUSINESS PHONE		COMMENTS E# 99T		MO: 46033	
VEHICLE I.D. NO. 1 F M J U 1 J T 8 K E [REDACTED]		F.T.E. NO.		P.O. NO.	SELLING DEALER NO. NOT USED	PRODUCTION DATE	
R.O. DATE 10/26/23							

JOB# 2 TOTALS-----

MISC 1575.00

JOB# 2 JOURNAL PREFIX FJWS JOB# 2 TOTAL 1575.00

COMMENTS-----

IN HOUSE RENTAL #639 BRONCO 10/26/23
 OGC REVIEW DO NOT DIAG UNTIL DIRECTION RECEIVED FROM FORD MOTOR COMPANY.
 10/26/23
 constant emails ah 11/15/23 call no phone calls back mailbox full

R/O TAX 0.00
R/O TOTALS 2785.73

CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

APPROVED BY SIGNATURE

***** PRE - INVOICE *****

Name: [REDACTED] DOB: [REDACTED] MRN: [REDACTED] PCP: Aleksandra Maric, MD | Legal Name: [REDACTED]

Appointment Details

Notes

ED Provider Notes

Noelle Caitlin Palmstrom at 10/26/23 2315

Attestation signed by Tameem Siraj Husain at 11/01/23 0915
The patient was seen and evaluated by the Advanced Practice Practitioner. I was available for consultation, but was not involved in the care of this patient.

DATE OF SERVICE: 10/26/2023

HISTORY OF PRESENT ILLNESS:

CHIEF COMPLAINT:

Patient presents with

- Chest pain

RN Triage Note read and considered.

Place of occurrence: In her car

HPI: [REDACTED] y/o F presents with CC of chest pain secondary to her car seat belt malfunctioning. Pt reports she was driving her new car, going at approx 40 mph, when she heard a loud "explosion" near her seat belt when it suddenly constricted her. Pt reports bruising on chest due to seat belt constriction. Denies MVC or air bag involvement. Denies difficulty breathing, SOB, pain upon inspiration, or cough.

REVIEW OF SYSTEMS

Review of Systems

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain.

MG 24 hr tablet

Take 50 mg by mouth every morning. Indications: High Blood Pressure

oxyCODONE-acetaminophen -- 10/26/16 --

(PERCOCET) 5-325 MG per tablet

Take 1-2 tablets by mouth every four hours as needed.

promethazine (PHENERGAN) 12.5 MG -- 10/26/16 --

tablet

Take 1 tablet by mouth every six hours as needed.

tiZANidine 4 MG tablet -- 09/27/23 --

Take 1 tablet by mouth every six hours as needed.

**PHYSICAL EXAM AND VITAL SIGNS:
ED VITALS**

Date/Time	BP	Temp	Temp src	Pulse	Resp	SpO2	O2 Delivery Device	User
10/26/23 1830	136/90	37.4 °C (99.3 °F)	--	80	18	98 %	--	MML
10/26/23 1535	144/90	36.5 °C (97.7 °F)	Temporal	79	17	99 %	Room Air (none)	MTS

Height: 152.4 cm (5'), Weight: 63.5 kg | Body mass index is 27.34 kg/m².

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: She is well-developed and normal weight. She is not diaphoretic.

Comments: **The patient is a well appearing [redacted] year old female who is resting comfortably in bed. They show no signs of acute distress. The patient is speaking in full sentences. They are answering questions appropriately and completely.**

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General:

Right eye: No discharge.

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Results and Scoring Tools

Labs ordered & reviewed: No results found for this visit on 10/26/23.

Radiologist interpretations ordered & reviewed:

Ribs 3 Views W Chest Lt

Final Result

Normal-appearing chest and left rib series.

Electronically signed by

Shaun McManimon, M.D. on 10/26/2023 5:49 PM

Scoring Tools: Scoring Tools

NIH Stroke Scale: Prior to Thrombolytic Bolus > 2 Hours (post thrombolytic) > 24 Hours Post Onset of Symptoms > Upon Discharge

Stroke Assessment Needed?: No

Differential and ED Course:

MEDICAL DECISION MAKING AND ED COURSE

The following areas were reviewed and utilized in the medical decision making process and plan of care for this patient:

Medical Records reviewed include: Electronic medical records

DDX: Differential diagnosis includes but is not limited to; contusion, abrasion, rib fracture

1st line of HPI [REDACTED] y/o F presents with CC of chest pain secondary to her car seat belt malfunctioning.

Vitals were unremarkable. during ED course.

Exam was remarkable for Seat belt sign across left chest. Some anterior chest wall tenderness to palpation.

Diagnostic Review:

I performed and independent interpretation of the following test(s) in the emergency department: See ED Course

X-ray: My interpretation is no acute cardiopulmonary process no rib fractures

Discussion of test interpretation with radiology: I had a discussion with radiology regarding a test interpretation: Not indicated

Naproxen (EC NAPROSYN) 500 MG EC tablet Take 1 tablet by mouth twice a day as needed., Disp-30 tablet, R-0, Normal

**Impression:
ED Clinical Impression**

Diagnosis	Comment	Added By	Time Added
Left-sided chest wall pain		Palmstrom, Noelle Caitlin, PA	10/26/2023 5:54 PM
Superficial bruising of chest wall, left, initial encounter		Palmstrom, Noelle Caitlin, PA	10/26/2023 5:54 PM

Plan/Disposition:
Dischg-Home

Follow up information:
Maric, Aleksandra, MD
839 W Congress St
Tucson AZ 85745
520-670-3909

Call
As needed

Additional Notes: None

ED Triage Notes

Joel, Bomgardner at 10/26/23 1549

Reason for visit (subjective account):

CHIEF COMPLAINT:

Patient presents with

- MOTOR VEHICLE CRASH

Pt states that she a restrained driver when her seatbelt "malfunctioned." PT states she was going approx 40mph when her car suddenly slowed down causing her to get "pulled back." Pt has seat belt sign on L upper chest.

MFD. BY FORD MOTOR CO.

DATE: 03/19 GVWR: 3357 KG (7400 LB)

FRONT GAWR: 1531 KG (3375 LB)

REAR GAWR: 1905 KG (4200 LB)

WITH 275/65R18 116T
18x8.5J

TIRES WITH 275/65R18 116T
RIMS 18x8.5J

TIRES
RIMS

AT 240 kPa/ 35 PSI COLD

AT 240 kPa/ 35 PSI COLD

THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE
SAFETY STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

VIN: 1FMJU1JT8KE [REDACTED]

TYPE: MPV



EXT PNT: RR

RC: 71 DSO:

WB	INT TR	TP/PS	R	AXLE	TR	SPR
123	VH		E	3L	U	GGDD ULC

F0250
T0491

☐ SUSA-3520472-AA

MADE IN U.S.A.

TIRE AND LOADING INFORMATION



CARRYING CAPACITY

TOTAL : 8

FRONT: 2

REAR: 6

1625 lbs.



PE23-021 000065 LCSV









6









PE23-021 000073 LCSV





PE23-021 000075 LCSV



PE23-021 000076 LCSV



PE23-021 000077 LCSV



PE23-021 000078 LCSV



PE23-021 000079 LCSV



PE23-021 000080 LCSV



PE23-021 000081 LCSV



PE23-021 000082 LCSV





XLT

ESV



PE23-021 000085 LCSV



PE23-021 000086 LCSV



PE23-021 000087 LCSV



PE23-021 000088 LGSV



PE23-021 000089 LCSV





PE23-021 000091 LCSV



PE23-021 000092 LCS



PE23-021 000093 LCSV





PE23-021 000095 LCSV



046029.6ml

P R N D M

W

