

Fleet Request for Office of the General Counsel Review

Email the completed form to Jessica Clark @ jclar401@ford.com

All fields are required and must be filled in accordingly before sending this form.

Date: _____ Case #: _____

Supporting documents included in fax? (circle one) **Yes or No** (#Pages _____)

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

Fleet Name: _____ Contact: _____

Address: _____ Title: _____

_____ Phone: _____

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: _____ Vehicle Model: _____

VIN: _____ Warranty Start Date: _____

CURRENT VEHICLE LOCATION

Name of Business or Dealer: _____

Address: _____

Contact: _____ Title: _____

DETAILS OF INCIDENT

Incident Involves:

Accident Fire Injury Medical Attention Sought

Description of Incident: ** _____

* Do not request investigation if repairs have been completed.

Was a Police/Fire report made? (circle one) **Yes or No**

What is the alleged defect: _____

Has the alleged defective part been repaired or replaced? (circle one) **Yes** or **No**

What was the **city, state** and **date** of occurrence: _____

What was the mileage at time of occurrence: _____

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

Was the engine running? (circle one) **Yes** or **No**

Were the keys in the ignition? (circle one) **Yes** or **No**

Has an insurance company been advised of this incident? **Yes** **No**

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

FORD FLEET REPRESENTATIVE CONTACT

Name: _____

CDS ID: _____

Phone: _____

Fax: _____

ATTORNEY INFORMATION

Attorney Involved? (circle one) **Yes** or **No**

If yes, Attorney's Name: _____

Phone #: _____

ADDITIONAL COMMENTS/INSTRUCTIONS:
