Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: OCT 0 6 2010 / 14-JUL-2010

Repository ☐

Reference No. 10343237

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City TITUSVILLE | State FL | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2FMDA58245B[redacted]	FORD	FREESTAR	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
4/12/05	Woodfield Ford 847-605-0800			6	Gas
Original Owner ☒	Dealer's City: Schaumburg	State: IL	Zip Code: 60173		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
4SPD Auto	☒ Antilock Brakes ☒ Cruise Control	4.2L OHV EFI Engine		06-JUL-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	Failure Mileage	Failure Speed
	39965	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2005 FORD FREESTAR. THE CONTACT STATED THE VEHICLE WOULD NOT SHIFT INTO REVERSE. AFTER SEVERAL ATTEMPTS, THE CONTACT WAS ABLE TO MOVE THE GEAR SHIFT LEVER TO THE REVERSE POSITION AND THEN INTO DRIVE. WHILE IN DRIVE, THE VEHICLE WAS SEVERELY HESITANT TO ACCELERATE. THE VEHICLE WAS TAKEN TO A LOCAL REPAIR FACILITY WHERE THE CONTACT WAS INFORMED THAT THE TRANSMISSION WAS DEFECTIVE. THE TRANSMISSION WAS REPLACED AT THE CONTACTS EXPENSE. THE FAILURE AND CURRENT MILEAGES WERE 39,965.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, WOODFIELD FORD (TRANSFEROR'S NAME - PRINT) state that the odometer now reads 39 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ (2) I hereby certify that the odometer reading is **NOT** the actual mileage.
WARNING — ODOMETER DISCREPANCY.

MAKE: FORD

MODEL: FREES BODY TYPE: MP

VEHICLE IDENTIFICATION NUMBER: 2FMDA58245B [redacted]

YEAR: 2005

TRANSFEROR'S NAME: WOODFIELD FORD (PRINTED NAME)

TRANSFEROR'S ADDRESS: 815 E. GOLF ROAD (STREET)
SCHAUMBURG IL. 60193 (CITY) [redacted] (STATE) (ZIP CODE)

TRANSFEROR'S NAME X [redacted] (SIGNATURE)

DATE OF STATEMENT: 12 APR 2005

TRANSFEREE'S NAME: [redacted]

TRANSFEREE'S ADDRESS: [redacted] (STREET)
ARLINGTON HEIGHTS IL [redacted] (CITY) (ZIP CODE)

TRANSFEREE'S NAME X [redacted] (PRINTED NAME)

FORM
NB-65-2CP (3-89) 2 PART
NB-65-3CP (3-89) 3 PART

Reynolds and Reynolds TO ORDER: www.reysource.com; 1-800-344-0996; fax 1-800-531-9055

AUTO-TECH, INC
500 CHENEY HIGHWAY
TITUSVILLE, FL. 32780
Phone - 321-267-3011 Fax - 321-383-8030
WITH CARE AND KNOW HOW

INVOICE
32487
Org. Est. # 012927
MV 22502

INVOICE

Print Date : 07/09/2010

[redacted]
[redacted]
TITUSVILLE, FL [redacted]
Home [redacted]
Cust ID : 1866

Ref # :

2005 Ford - Freestar Limited
4.2L, V6, VIN (2)
Lic # : [redacted]
Unit # :
Vin # : 2FMDA58245E[redacted]
Hat # :

Odometer In : 39965

Part Description / Number	Qty	Sale	Extended
TRANSMISSION, REMAN., FORD, 3 YR., 100K WARRANTY			
trans	1.00	2,355.00	2,355.00
OXYGEN SENSOR, BANK 2, SENSOR 2			
15717	1.00	83.00	83.00
ANTIFREEZE			
DEX-COOL	1.50	25.96	38.94
POWER STEERING FLUID`			
PS	2.00	2.50	5.00
EVACUATE & RECHARGE A/C SYSTEM			
E&R	1.00	160.00	160.00
Shop Supplies		6.00	6.00

Labor Description	Extended
CHECK TRANSMISSION, HAD A PROBLEM WITH SHIFTING AND NOW A LIGHT IS ON	35.00
TRANSAXLE ASSEMBLY - Removal & Installation	700.00
CODES #U1039, PO721, P1502, PO731, PO732, & PO733	
Hazardous Materials	4.00

[Technicians : DJ, JOHNSON]

Org. Estimate $44.52 Revisions $0.00 Current Estimate $ 44.52 Additional Cost Revised Estimate

Labor:	739.00
Parts:	2,647.94
Sublet:	0.00
Sub:	3,386.94
Tax:	203.22
Total:	3,590.16
Bal Due:	$0.00

[Payments - Visa - $3590.16]

SERVING TITUSVILLE SINCE 1981

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is 90 DAYS or 4,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

SIGNATURE..... Date..... Time.....

[redacted]
Titusville, FL [redacted]
U.S.A.

MID FLORIDA PDC
FL 327 3 T
29 SEP 2010 PM

Office of Defect Investigations / CRD
NVS-216
1200 New Jersey Avenue S.E.
Washington, DC 20590