

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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: AUG 19 2013 15-JUL-2013		Repository ☐ Reference No. 10524836	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
SOUTH RANCH		MI		5 A M E	
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	
2FMZA52277B		FORD	FREESTAR	2007	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
OCT 06	DEAN ARBOR 1-800-		No: Cylinders	REG	
Original Owner	Dealer's City	State	Zip Code		
	WEST BRANCH	MI	48661		
Transmission Type	☒ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
	☒ Cruise Control			14-JUL-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 100000 POWER TRAIN			Failure Mileage	Failure Speed	
RIGHT AXEL			54423	2	
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: DOTM1L9ABC036)	☐ Original Equipment	Failure Location:			
	☐ Prior Repair				
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	0	0	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; ie, parts repaired or replaced (and if old part is available).					
TL* THE CONTACT OWNS A 2007 FORD FREESTAR. THE CONTACT STATED THAT HE BEGAN TO DRIVE IN REVERSE AND HEARD A LOUD BANGING SOUND. THE CONTACT STATED THAT HE PUT THE VEHICLE IN PARK AND EXIT THE VEHICLE; HOWEVER, IT BEGAN TO ROLL BACKWARDS. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR INSPECTION. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 54,423.					
I HAD IT LOADED ON A FLAT BED TRUCK AND TAKEN TO THE DEALER. IT WAS DETERMIND THAT THE FRONT RIGHT AXEL WAS BROKEN. IF IT HAD BROKEN ON THE HIGHWAY IT COULD HAVE CAUSED A AXIDENT.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

IT WAS REPAIRE BY DEAN ARBOR OF WEST BRANCH.
COST TO ME WAS 272.00 IT WAS OUT OF WARRANTY

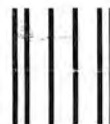
ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE,
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



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NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

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WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

