


MAR 10 2015

 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 09-JAN-2015	Repository <input type="checkbox"/>		Reference No. 10671331
OWNER INFORMATION (Type or Print)					
Name				Daytime Telephone Number	E-mail Address
Address					
City	PRIOR LAKE	State	MN	Zip Code	
<i>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).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)		Make	Model	Model Year	
2FMDK3GC2EE		FORD	EDGE	2014	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
4-15	APPLE FORD		No: Cylinders	Reg	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	SHAKOPEE 952-445-2440	MN	6		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
AUTO	<input checked="" type="checkbox"/> Cruise Control	AUTO		10-AUG-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: VISIBILITY/WIPER (PWS), 138000 VISIBILITY: DEFROSTER/DEFOGGER SYSTEM				Failure Mileage	Failure Speed
				2000	
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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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 2014 FORD EDGE. THE CONTACT STATED THAT THERE WAS EXCESSIVE FOG ON ALL OF THE WINDOWS AND THE WINDSHIELD DURING INCLEMENT WEATHER, CAUSING AN OBSTRUCTION TO THE CONTACT'S VISIBILITY. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER MORE THAN FIVE TIMES AND THEY WERE NOT ABLE TO DIAGNOSE THE FAILURE. THE CONTACT CONTINUED TO EXPERIENCE THE FAILURE AND THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 2,000.					
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 to 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.					