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	Repository ☐
26-AUG-2015 NOV 06 2015	Reference No. 10759412

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address NOEMAIL@UKN.GOV
Address	[redacted]	Evening Telephone Number [redacted]	
City TALIHINA	State OK	Zip Code [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
2FMZA52277B[redacted]	FORD	FREESTAR	2007

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
09/17/2010	River Side Autoplex of Poteau 918-647-2228	No: Cylinders	Gas

Original Owner	Dealer's City	State	Zip Code
☐	Poteau	OK	74953

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control	Front wheel Drive	Torque Converter	10-AUG-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage	Failure Speed
	70430	55

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	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; i.e, parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2007 FORD FREESTAR. THE CONTACT STATED THAT WHILE DRIVING AT APPROXIMATELY 55 MPH, THE VEHICLE STALLED. ~~THE VEHICLE WAS UNABLE TO RESTART~~. THE VEHICLE WAS TOWED TO A DEALER WHERE IT WAS UNKNOWN WHAT NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 70,430. THE VIN WAS NOT AVAILABLE.

The vehicle started back would not go into gear and drive. Tryed all gears with none working. Vehicle would only idle and not move. It quit while in motion down the highway with no way of controlling the wheel to turn. We rolled into a vacant Parking area.

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

~~Office of direct #~~ Manufacturer # 800-392-3673

[redacted] Confirm [redacted]

talihina OK Complaint 2

BERRYVILLE FORD
1-866-367-3246
706 West Trimble
Berryville, AR 72616
Phone: (870) 423-3303
Fax: (870) 423-3323
www.berryvillefordonline.com

Confirm [redacted]

DATE	YEAR	MAKE	MODEL	VIN	STK/CUS	MILES IN	MILES OUT	TAG
08/10/15	07	FORD	FREESTAR	2FMZA52277B[redacted]	[redacted]	70430		

SERVICE DATE	NOTIFIED	SVC ADV	PROMISED DATE/TIME	LICENSE	RATE	PAYMENT	INV. DATE
	08/14/15	05	00:00			01	08/14/15

R.O. NUMBER	TAX ID	HOME PHONE	BUSINESS PHONE	
[redacted]				2

UDB Customer Type: R

========== REPAIR LINE 001 ==========

CUSTOMER STATES TRANNY IS INOP
REPACED TORQUE CONVERTER
Bill Code - C
UDB Repair Type: C
UDB Serv Dept: S

DIAG	DIAG		1 M A	69.99
ULISES RANGEL				
MISC	MISC LABOR		1 M A	764.92
ULISES RANGEL				
			Total Labor	834.91
FD / N800750/S437		NUT - HEX	4	8.00
FD / N806408/S439		BOLT	2	16.00
FD / W705443/S900		NUT	4	31.56
FD 2F1Z / 7F401/AA		SEAL	1	17.95
FD 5F2Z / 7902/ACRM		CONVERTER	1	401.12
FD F3DZ / 5E241/A		GASKET	1	10.67
FD 3U2Z / 14A088/BA		KIT - TER	6	77.70
FD XT / 5/DMC		FLUID - T	5	25.00
			Total Parts	588.00
			Total Line	1422.91

========== REPAIR LINE 002 ==========

MULTIPOINT INSPECTION
PERFORMED MULTIPOINT INSPECTION
Bill Code - C
UDB Repair Type: C
UDB Serv Dept: S

99P	MULTI POINT INSPECTION	M A
GBATT	BATTERY OK	M A
GTIRE	TIRES OK	M A
GBK	BRAKES OK	M A

Payment Type - 01 CASH 1605.47

[redacted]

There will be a minimum diagnosis fee of $69.99 on all non factory warranty repairs.

I hereby authorize the repair work specified above to be done along with tile necessary materials and hereby grant you and/or your employees permission to operate the unit as necessary for the purpose of testing and/or inspection. An expressed mechanics lein is hereby acknowledged an the to secure tile amount of repairs thereto, agree the seller is not responsible for any lose of damage to unit(s) and/or contents in case of fire, theft, or any other cause beyond his/her control.

CUSTOMER SIGNATURE
>

LABOR AMOUNT	834.91
PARTS AMOUNT	588.00
MISC. SALES	
MATERIALS	50.00
TOTAL CHARGE	1472.91
DEDUCTIBLE	
SALES TAX	132.56
OTHER PAY	
CUSTOMER PAY	1605.47