



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 ☐

23-AUG-2017  
**NOV 15 2017**

Reference No.  
11019228

**OWNER INFORMATION (Type or Print)**

Name

Address

City MURPHY

State NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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  
2FMDK4JC9D8

Make  
FORD

Model  
EDGE

Model Year  
2013

Date Purchased  
4/2014

Dealer's Name and Telephone Number  
JACKY JONES Hayesville NC

Engine:  
No: Cylinders

Fuel Type:

Original Owner  
☐

Dealer's City  
Hayesville

State NC Zip Code 1089

6

Gas

Transmission Type

☒ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

25-APR-2014

July 2017

Auto

☐ Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 063000 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM, 060000 ENGINE (PWS)

Failure Mileage  
19905

Failure Speed  
passing speed

**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: DOTM19ABC036)

☐ 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

N

☐ Yes ☒ No

☐ Yes ☒ No

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 2013 FORD EDGE. WHILE DRIVING VARIOUS SPEEDS AND PASSING OTHER VEHICLES, THE CONTACT NOTICED A STRONG ODOR OF EXHAUST FUMES INSIDE THE VEHICLE WHEN THE ACCELERATOR PEDAL WAS DEPRESSED. THE VEHICLE WAS TAKEN TO JACKY JONES FORD OF HAYESVILLE (1493 US-64, HAYESVILLE, NC 28904, 828-389-6325), BUT COULD NOT BE DIAGNOSED. THE SERVICE TECHNICIAN SUGGESTED THAT THE SOURCE OF THE ODOR COULD BE THAT THE REAR SPOILER WAS HOLDING EXHAUST FUMES. THE REAR SPOILER WAS RESEALED WITH SEALANT. THE CONTACT STATED THAT THE ISSUE PERSISTED AND THE VEHICLE WAS TAKEN BACK TO THE DEALER. THE SERVICE MANGER WAS ADVISED BY THE FORD CORPORATE OFFICE TO SEAL ALL THE HOLES, ESPECIALLY BY BOLTS WHERE ANY ODOR COULD ENTER THE VEHICLE FROM UNDERNEATH. THE HOLES WERE SEALED, BUT FUMES STILL ENTERED THE VEHICLE. THE MANUFACTURER WAS NOTIFIED MANY TIMES BY THE CONTACT, BUT NO FURTHER ASSISTANCE WAS OFFERED. THE CONTACT WAS REFERRED TO NHTSA. THE FAILURE MILEAGE WAS 19,905.

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.

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

This vehicle fills up with exhaust when you pass a vehicle. The smell is awful. Burns your eyes. You have to roll down the window because the smell is so bad.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

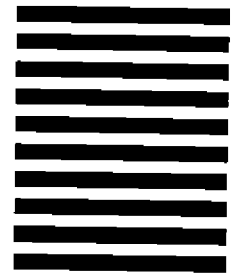
National Highway  
Traffic Safety  
Administration

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

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Penalty for Private Use \$300



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US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
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

