

INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

From: [Wells, T. Cynthia CTR \(NHTSA\)](#)
To: [Fogle, Brenda CTR \(NHTSA\)](#)
Subject: FW: FW: Follow up to ODI Complaint: ----ODI 11084051-----
Date: Tuesday, April 24, 2018 9:42:34 AM
Attachments: [11084051.pdf](#)

From: DataQuality, DataQuality (NHTSA)

Sent: Tuesday, April 24, 2018 9:36 AM

Subject: FW: FW: Follow up to ODI Complaint: ----ODI 11084051-----

complaint

From: [REDACTED]
Sent: Tuesday, April 24, 2018 8:09 AM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: Fwd: FW: Follow up to ODI Complaint: ----ODI 11084051-----

This is an update to the attached complaint.

We took our Ford flex to a local shop where the problem was diagnosed as the low pressure fuel pump. We paid \$503 for repairs. Ten days after getting the vehicle fixed the low oil pressure warning light started coming on again and on the eleventh day it failed to start. I will be taking it back to the shop today.

The vin# is 2FMGK5B8XEB [REDACTED]

----- Forwarded message -----

From: [REDACTED] >
Date: Apr 24, 2018 7:36 AM
Subject: Fwd: FW: Follow up to ODI Complaint: ----ODI 11084051-----
To: [REDACTED]
Cc:

----- Forwarded message -----

From: EVOQ (NHTSA) <EVOQ@dot.gov>
Date: Tue, Apr 24, 2018, 7:25 AM
Subject: FW: Follow up to ODI Complaint: ----ODI 11084051-----
To: [REDACTED] >

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to dataquality@dot.gov or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.

NHTSA/Office of Defects Investigation



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 <input type="checkbox"/>
09-APR-2018	Reference No. 11084051

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address			[REDACTED]		[REDACTED]	
City		State	Zip Code		Evening Telephone Number	
RICHMOND HILL		GA	[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
			FORD	FLEX	2014
Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
				No: Cylinders	
Original Owner	Dealer's City	State	Zip Code		
<input type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)
	<input type="checkbox"/> Cruise Control				01-FEB-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), 060000 ENGINE (PWS)			Failure Mileage	Failure Speed
			91000	

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)	<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

(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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2014 FORD FLEX. THE CONTACT STATED THAT THE VEHICLE FAILED TO START. WHEN IT WOULD START, THE VEHICLE WOULD STALL WHILE DRIVING UNKNOWN SPEEDS. THE LOW PRESSURE WARNING INDICATOR WAS ILLUMINATED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC AND THE CONTACT CALLED JC LEWIS FORD (9505 ABERCORN ST, SAVANNAH, GA 31406). THE DEALER INFORMED THE CONTACT THAT THE VEHICLE WAS NOT INCLUDED IN A RECALL; HOWEVER, THE SYMPTOMS WERE IDENTICAL TO NHTSA CAMPAIGN NUMBER: 16V621000 (FUEL SYSTEM, GASOLINE). THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS 91,000. THE VIN WAS NOT AVAILABLE.

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.