



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

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**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City MECHANICSVILLE State MD Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [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: 2FMPK3J97HE [REDACTED]  
Make FORD Model EDGE Model Year 2017  
Date Purchased Aug 30, 2017 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type [REDACTED]  Antilock Brakes Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 19-MAR-2018  
 Cruise Control

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

Vehicle Component Code: 110000 ELECTRICAL SYSTEM Failure Mileage 3114 Failure Speed 0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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 2017 FORD EDGE. THE CONTACT STATED THAT THE VEHICLE FAILED TO START. THE VEHICLE WAS TOWED TO THE LEXINGTON PARK FORD LINCOLN DEALER (301-863-8111, 21575 GREAT MILLS RD, LEXINGTON PARK, MD 20653) WHERE THE TECHNICIAN WAS UNABLE TO DIAGNOSE THE FAILURE. THE FAILURE RECURRED. THE VEHICLE WAS TOWED TO THE LEONARDTOWN FORD DEALER (301-475-3111, 26322 POINT LOOKOUT RD, LEONARDTOWN, MD 20650) WHERE THE TECHNICIAN PERFORMED A DIAGNOSTIC TEST AND REPLACED THE BATTERY BUT THE FAILURE RECURRED. THE BATTERY WAS CHANGED TWO TIMES WITHIN THE YEAR. THE FAILURE WAS NOT REMEDIED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND REFERRED THE CONTACT TO THE NHTSA. THE FAILURE MILEAGE WAS 3,114.

*Incident on May 3, 2019. Failure still not remedial.*

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.