

U.S. Department of Transportation National Highway Traffic Safety Administration		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 05-JAN-2021 MAR 24 2021		Repository <input type="checkbox"/> Reference No. 11386522	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
LENIOR CITY		TN			
Zip Code					
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	
2FMPK3G9XJB		FORD		EDGE SE	
Model Year		Date Purchased		Dealer's Name and Telephone Number	
2018		NOV 2017		ANGELA KRAUSE 770-370-4057	
Engine:		Original Owner		Dealer's City	
No: Cylinders		<input checked="" type="checkbox"/>		ALPHARETTA	
20624		REG		State	
		Zip Code		GA	
		30809		Multiple Failure:	
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Incident Date(s)	
AUTOMATIC		<input checked="" type="checkbox"/> Cruise Control		29-DEC-2020	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 010000 STEERING, 060000 ENGINE (PWS)				Failure Mileage	
				44400	
				Failure Speed	
				0	
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		Failure Location:	
		<input type="checkbox"/> Prior Repair			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				Number of Deaths	
				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 2018 FORD EDGE. THE CONTACT STATED WHILE IN A DRIVEWAY, THE VEHICLE SHUT-OFF WITHOUT WARNING. THE CONTACT CALLED AN INDEPENDENT MECHANIC WHO MANUALLY RELEASED THE STEERING WHEEL TO MOVE THE VEHICLE. THE VEHICLE WAS TOWED TO BILLY HOWELL FORD (1805 ATLANTA HWY, CUMMING, GA 30040, (770) 872-6928) TO BE DIAGNOSED. THE CONTACT WAS INFORMED THAT THE MAIN INSTRUMENT CONNECTOR WIRE UNDER THE FLOORBOARD WAS FRACTURED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT CONTACTED. THE FAILURE MILEAGE WAS 44,400.					
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 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)

See Applicable Incident Information

ATTACH ADDITIONAL SHEETS IF NECESSARY

KNOXVILLE TN 377

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE



**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

