

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOQ \(NHTSA\)](#)
Subject: FW: 11457233
Date: Thursday, June 16, 2022 1:12:06 PM
Attachments: [REDACTED]

From: [REDACTED]
Sent: Thursday, June 16, 2022 11:56 AM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: 11457233

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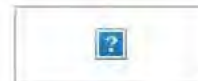
[REDACTED] attached a document



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U.S. Department of Transportation

**DOT Auto Safety Hotline
Vehicle Owner's
Questionnaire To Report
Vehicle Safety Defects**Date Received
Form Approved: O.M.B No.2127-0008

Repository

18-MAR-2022 **National Highway
Traffic Safety Administration
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline**

E-mail Address

OWNER INFORMATION (Type or Print)Daytime Telephone Number
Reference No. 11457233

Name

Address

City

Alexandria

State

LA

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 1fadp3f28h

Model FOCUS

MAKE FORD

Model Year 2017

Dealer's Name and Telephone Number			Engine: No: Cylinders
Dealer's City Alexandria	STATE LA	ZIP Code 71301	

Date Purchased Fuel Type:

Original Owner

Transmission Type Powertrain Multiple Failure: Incident Date(s) Antilock Brakes

Cruise Control
01-MAR-2022**FAILED COMPONENT(S)/PART(S) INFORMATION**Failure Mileage
60000.0

Vehicle Components Codes: 100000 POWER TRAIN Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)

Original Requirement
Prior Repair

DOT No. (Example: DOTMAL 9ABC036) 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), Injury(ies).)

Crash
Yes ☒ NoFire
Yes ☒ NoNumber of Persons Injured Number of Deaths
Reported to Police N**Narrative Description of Incident(s), Crash(es), 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).

The contact owns a 2017 Ford Focus. The contact stated that after the battery was replaced, the vehicle would not reverse when needed. The vehicle was taken to the dealer where it was diagnosed with transmission control module failure due to a faulty battery. The dealer repaired the transmission. The manufacturer was made aware of the failure and advised the contact to file a complaint with the NHTSA. The failure mileage was approximately 60,000. The technician stated to me that there were other vehicles with this same issue that had come to the dealership. I did not include a copy of the repair invoice but I can get it from the dealership if needed. A faulty battery should not cause transmission control failure!

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONALcontrol 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.