

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

DOT Form 1081-9 (Rev. 10-2015) (Instructions) (https://www.dhs.gov/foia)

U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		Form Approved O.M.B. No. 2127-0088 FOR AGENCY USE ONLY 1081-9 Date Received: 31-MAR-2022 Reference No.: 11459101 Repository <input type="checkbox"/>	
OWNER INFORMATION (Type or Print)					
Name: [REDACTED]		City: Arroyo Grande		State: CA	
Address: [REDACTED]		ZIP Code: [REDACTED]		Evening Telephone Number: [REDACTED]	
Daytime Telephone Number: [REDACTED]		E-mail Address: [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 #9 (R 5397) (Rev. 3, 2004).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 2YMP62AP1H [REDACTED]		MAKE: FORD		MODEL: EDGE	
Date Purchased: 8-13-2020		Dealers Name and Telephone Number: MULLANEY FORD		Engine: 6 cyl. cylinders	
Original Owner: [REDACTED]		Dealers City: Arroyo Grande		STATE: CA	
Transmission Type: auto		<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control		Fuel Type: [REDACTED] Mileage at Failure: 40k, 3-31-2022 Incident Date(s): 31-MAR-2022	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 98050 UNKNOWN DIE OTHER				Failure Mileage: 55000-6	
				Failure Speed: 50	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make: [REDACTED]		Tire Model (Name or Number): [REDACTED]		Tire Size (Example: P15x45R15): [REDACTED]	
DOT No. (Example: DOTR4 BAR236)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> After 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), injuries, crashes, injuries)					
Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured: [REDACTED]		Number of Deaths: [REDACTED]	
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)).		Reported to Police: N			
The contact owns a 2017 Ford Edge. The contact stated while driving at 50-60 MPH, several unknown warning lights illuminated and the vehicle stalled. The contact veered to the side of the road and turned off the vehicle. The contact was able to restart the vehicle, and the warning lights were no longer illuminated. The vehicle was taken to the dealer who informed the contact that they could not replicate the failure. The contact stated that the failure reoccurred twice while driving and the vehicle was taken to the dealer at each occasion. The dealer informed the contact that they could not replicate the failure; however, the failure persisted. The dealer was notified and an appointment was scheduled for diagnostic test. The vehicle was not repaired. The manufacturer was not notified of the failure. The failure mileage was approximately 55,000 - 56,500 on first occurrence.					
EACH OF THE 4 INCIDENTS OCCURRED WHILE ACCELERATING TO MERGE INTO FREEWAY TRAFFIC (60-75 MPH). SYSTEM WIDE SENSOR FAILURE AND LOSS OF POWER TO ENGINE. THE MANUFACTURER HAS BEEN NOTIFIED AND ALL TROUBLESHOOTING EFFORTS HAVE FAILED TO IDENTIFY THE ISSUE WHICH IS INTERMITTENT BUT CONSISTANT IN THE CONDITIONS. (LIFE THREATENING EVERY TIME!)					
Include, if available, following Department Reports, Photos and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY. The Privacy Act of 1974 (Public Law 93-578). This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.					



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

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**Vehicle Owner's Questionnaire**  
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(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

31-MAR-2022

Repository Reference No.  
11459101

## OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	Arroyo Grande	State	CA
ZIP Code	[REDACTED]		

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

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 2FMPK4AP1HE [REDACTED]		MAKE FORD	Model EDGE	Model Year 2017
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City Arroyo Grande	STATE CA	ZIP Code 93420	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 31-JUL-2021

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

Vehicle Components Codes: 980000 UNKNOWN OR OTHER	Failure Mileage 55000.0	Failure Speed 50
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## 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: DOTMAL 9ABC036)	<input type="checkbox"/> Original Requirement <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), Injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 Edge. The contact stated while driving at 50-60 MPH, several unknown warning lights illuminated and the vehicle stalled. The contact veered to the side of the road and turned off the vehicle. The contact was able to restart the vehicle, and the warning lights were no longer illuminated. The vehicle was taken to the dealer who informed the contact that they could not replicate the failure. The contact stated that the failure reoccurred twice while driving and the vehicle was taken to the dealer at each occasion. The dealer informed the contact that they could not replicate the failure; however, the failure persisted. The dealer was notified and an appointment was scheduled for diagnostic test. The vehicle was not repaired. The manufacturer was not notified of the failure. The failure mileage was approximately 55,000.

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.