

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

**From:** [DataQuality, DataQuality \(NHTSA\)](#)  
**To:** [EVOQ \(NHTSA\)](#)  
**Subject:** FW: 11499552 - [REDACTED] Updated File  
**Date:** Monday, March 27, 2023 4:00:18 PM  
**Attachments:** [REDACTED]

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**From:** [REDACTED]  
**Sent:** Monday, March 27, 2023 2:51 PM  
**To:** DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>  
**Subject:** 11499552 - [REDACTED] Updated File

**CAUTION:** This email originated from outside of the Department of Transportation (DOT). Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Attached to this email is an updated document of information about my vehicle, a receipt from the transmission shop my vehicle was taken to, and the receipt of the towing service that took my car back to my current home.

U.S. Department  
of TransportationNational 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

30-DEC-2022

Repository ☐Reference No.  
11499552**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

City

Bon Aqua

State

TN

ZIP Code

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  
1FADP3E26HMAKE  
FORDModel  
FOCUSModel Year  
2017Date Purchased  
03-27-2021Dealer's Name and Telephone Number  
Carmax (615) 807-7952Engine:  
No: Cylinders  
4 cylinders  
2.0L EngineFuel Type:  
  
Flex Fuel

Original Owner

Dealer's City Franklin

STATE TN

ZIP Code  
37067Transmission Type  
Automatic
☐ Antilock Brakes  
☐ Cruise Control
Powertrain  
2.0l  
Front Wheel Drive

Multiple Failure:

Incident Date(s)  
17-DEC-2022**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Components Codes: 100000 POWER TRAIN

Failure Mileage  
58504.0Failure Speed  
35**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: DOTM1 9ABC036)

☐ Original Requirement  
☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number 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's daughter owns a 2017 Ford Focus. The contact stated that after his daughter started the vehicle and attempted to shift into reverse(R) the vehicle failed to respond. The contact stated that the gear shift lever failed to shift into reverse(R). The vehicle was manually pushed into the intended direction and the vehicle was shifted into drive(D). The contact stated that the vehicle was vibrating and shaking while driving to an independent mechanic. The contact was unaware of any warning lights being illuminated. The vehicle was taken to the independent mechanic to be diagnosed. The mechanic determined that the transmission needed to be replaced. The vehicle had not been repaired. The contact researched online and related the failure to NHTSA Campaign Number: 18V845000 (Power Train). The manufacturer had been informed of the failure. The failure mileage was 58,504.

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.

# Radford's

WRECKER SERVICE, INC.

24 HOUR SERVICE

1827 North West Broad Street  
Murfresboro, Tennessee 37129

Phone: (615) 895-5384

Johnny Radford

LOW RATES

|                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                    |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DATE<br>12 30 22                                                                                                                                                                                                                                                                 | TIME                                     | A.M.<br>P.M.                                                                                                                                                                       | REQUESTED BY |
| LOCATION OF VEHICLE<br>Coleman Toyota Trans                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                    |              |
| NAME                                                                                                                                                                                                                                                                             |                                          |                                                                                                                                                                                    | PHONE        |
| ADDRESS                                                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                                    | ZIP          |
| MILEAGE                                                                                                                                                                                                                                                                          |                                          | SERVICE TIME                                                                                                                                                                       |              |
| FINISH _____                                                                                                                                                                                                                                                                     |                                          | FINISH _____                                                                                                                                                                       |              |
| START _____                                                                                                                                                                                                                                                                      |                                          | START _____                                                                                                                                                                        |              |
| TOTAL _____                                                                                                                                                                                                                                                                      |                                          | TOTAL _____                                                                                                                                                                        |              |
| YEAR<br>2017                                                                                                                                                                                                                                                                     | MAKE / MODEL / COLOR<br>Ford Focus White |                                                                                                                                                                                    | MILEAGE      |
| STATE<br>TN                                                                                                                                                                                                                                                                      | LIC. NO.                                 | VEHICLE I.D. NO.<br>1FADP3E26H4                                                                                                                                                    |              |
| <input type="checkbox"/> SLING / HOIST TOW<br><input type="checkbox"/> WHEEL LIFT<br><input type="checkbox"/> FLATBED / RAMP<br><input type="checkbox"/> START<br><input type="checkbox"/> LOCK OUT                                                                              |                                          | <input type="checkbox"/> FLAT TIRE<br><input type="checkbox"/> OUT OF GAS<br><input type="checkbox"/> WRECK<br><input type="checkbox"/> RECOVERY<br><input type="checkbox"/> _____ |              |
| <b>SPECIAL EQUIPMENT</b><br><input type="checkbox"/> SINGLE LINE WINCHING<br><input type="checkbox"/> DUEL LINE WINCHING<br><input type="checkbox"/> SNATCH BLOCKS<br><input type="checkbox"/> SCOTCH BLOCKS<br><input type="checkbox"/> DOLLY<br><input type="checkbox"/> _____ |                                          |                                                                                                                                                                                    |              |
| VEHICLE TOWED TO<br>3773501 PHEN SPRING                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                                    |              |
| REMARKS<br><br>THANK YOU!<br>PAID<br>CC<br>Amount 74.80                                                                                                                                                                                                                          |                                          | MILEAGE CHARGE                                                                                                                                                                     |              |
|                                                                                                                                                                                                                                                                                  |                                          | TOWING CHARGE                                                                                                                                                                      | 90.00        |
|                                                                                                                                                                                                                                                                                  |                                          | LABOR CHARGE                                                                                                                                                                       |              |
|                                                                                                                                                                                                                                                                                  |                                          | STORAGE CHARGE                                                                                                                                                                     |              |
|                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                    |              |
|                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                    |              |
| OPERATOR'S SIGNATURE                                                                                                                                                                                                                                                             |                                          | TOTAL<br>90.00                                                                                                                                                                     |              |
| AUTHORIZED SIGNATURE                                                                                                                                                                                                                                                             |                                          |                                                                                                                                                                                    |              |

## road service



# COLEMAN TAYLOR TRANSMISSION #52

130 River Rock Blvd.  
Murfreesboro, TN. 37128  
Phone: 615-866-7939 Fax: 615-203-5965

INVOICE

|             |  |
|-------------|--|
|             |  |
| Org. Est. # |  |

INVOICE

Printed Date: 12/30/2022 Work Completed: 12/30/2022

2017 Ford - Focus S - 2L, In-Line4 (122CI) VIN(2)  
Lic # : Odometer In : 58504

Home

VIN # : 1FADP3E26 HL

| Part Description / Number | Qty | Sale | Ext | Labor Description | Ext |
|---------------------------|-----|------|-----|-------------------|-----|
|---------------------------|-----|------|-----|-------------------|-----|

|                                                                                                   |     |
|---------------------------------------------------------------------------------------------------|-----|
| CHECK OUT CHATTERS IN LOW GEAR AND DONT<br>WANT TO BACK UP<br>P287A CLUTCH B STUCK ENGAGED<br>FTA | n/c |
|---------------------------------------------------------------------------------------------------|-----|

Org. Estimate 0.00 Revisions 0.00 Current Estimate 0.00

|           |        |
|-----------|--------|
| Labor:    | 0.00   |
| Parts:    | 0.00   |
| SubTotal: | 0.00   |
| Tax:      | 0.00   |
| Total:    | 0.00   |
| Bal Due:  | \$0.00 |

[ Payments - ]

Vehicle Received: 12/30/2022

I hereby agree that the above estimate was accurate and agreed to before work was started with clear communication of price and service recommended. The diagnostic information given by the customer was accurate. An express mechanic's lien is hereby acknowledged on above vehicle to secure amount of repairs and additional legal charges if initiated. NOTE-WARRANTY REPAIRS CALL COLLECT FOR DIRECTIONS AND AUTHORIZATION. NON-AUTHORIZED REPAIRS ARE NOT COVERED AND MUST HAVE AUTHORIZED NUMBER BEFORE ANY REPAIRS ARE MADE. YOUR WARRANTY IS A SEPERATE DOCUMENT

Signature

Date

Customer Number

Visit us on the web: <http://colemantaylormurfreesboro.com/>

Service Advisor : CLEM, CHRIS, Tech :

Email Address: [CHRISCLEM50@YAHOO.COM](mailto:CHRISCLEM50@YAHOO.COM)