

Date Received

Repository

20-MAR-2023
APR 27 2023

Reference No.
11512803

Traffic Safety Administration

INTERNET:www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

Name

Address

City

Madison

State

MS

ZIP Code

Daytime Telephone Number

E-mail Address

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

1FM5K7D8XHG

MAKE

FORD

Model

EXPLORER

Model Year

2017

Date Purchased
JAN. 2017

Dealer's Name and Telephone Number

Mac Haik Ford 6019567000

Engine:

No: Cylinders

6

Fuel Type:

Original Owner

Dealer's City Jackson

STATE

MS

ZIP Code

39211

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

20-FEB-2023

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 100000 POWER TRAIN, 103700 POWER TRAIN:AUTOMATIC TRANSMISSION:TORQUE CONVERTER

Failure Mileage
140000.0

Failure Speed

ALL SPEEDS

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)

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 owns a 2017 Ford Explorer. The contact stated that while accelerating after the vehicle was idling, the vehicle would emit a load roaring and grinding noise while shuddering and hesitating before accelerating. There were no warning lights illuminated. The contact took the vehicle to the dealer who diagnosed the vehicle and determined that the torque converter failed and needed replacement, repointing, and reprogramming. The vehicle was currently being repaired. The failure was related to NHTSA ID Numbers: 10222455 (Power Train) 10187724 (Power Train), 10184652 (Power Train, Equipment Adaptive/Mobility), and 10181988 (Power Train). The manufacturer was made aware of the failure and confirmed that the VIN was not included. The approximate failure mileage was 140,000.

THIS TORQUE CONVERTER WAS SHOWING SAME SYMPTOMS AS RECALLED VIN. NUMBERS.
THE CAR WAS DRIVEN CAREFULLY AT ALL TIMES. MOST OF MILES ARE HWY MILES.
ME AND MY WIFE ARE RETIRED. I FEEL THE CONVERTER WAS DEFECTIVE.

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.

CUSTOMER #: [REDACTED]



INVOICE

6130 I 55 N. Jackson, MS 39211
Service Direct: (601) 956-7011
www.machaikfordjackson.com

MADISON, MS

PAGE 2

HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 4883 CANDACE CHAMBERS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
INGOT SILV	17	FORD EXPLORER	1FM5K7D8XHG [REDACTED]		149164/149170	T5742

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
			17:00 13MAR23			CASH	05APR23

ADY	OPTIONS: SOLD-STK: [REDACTED] ENG: [REDACTED] TRN:44J		
05APR23			
HOURS	LIST	NET	TOTAL

MAC HAIK FORD SERVICE
6130 I-55 N
JACKSON, MS 39211
601-977-4557

SALE

Store: 0001

REF#: [REDACTED]

Batch #: 010
4/05/23
RRN: 309521169559
16:45:52

Invoice #: [REDACTED]
Trans ID: 583095783526481
IPPR CONF: NR5RRR

APPROVED

I would like to thank you for servicing your vehicle with us today. Should you have any comments or concerns, please feel free to call me on my direct line at 601-640-0325. I look forward to speaking to you. Have a great day!

ISA CREDIT
ID: A000000 [REDACTED]
VR: 00 00 00 00

THANK YOU!

CUSTOMER COPY

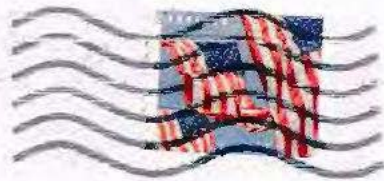
PAID
APR 11 2023

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT BY NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION	TOTALS
		LABOR AMOUNT	2966.25
		PARTS AMOUNT	1219.57
		GAS, OIL, LUBE	0.00
		SUBLET AMOUNT	0.00
		MISC. CHARGES	50.00
		TOTAL CHARGES	4235.82
		LESS INSURANCE	0.00
		SALES TAX	338.87
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE	PLEASE PAY THIS AMOUNT	4574.69

MADISON, MS

JACKSON MS 390

19 APR 2023 PM 2 L



US DEPT. OF TRANSPORTATION
NATIONAL HWY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECT INVESTIGATION (NDS-210)
1200 NEW JERSEY AVE. SE WEST BLDG.
WASHINGTON, D.C. 20590