

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF**



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

NOT A Public Safety Hotline  
U.S.C. 552(B)(6)

FOR AGENCY USE ONLY 100148

Date Received  
15-JUN-2015

Repository   
Reference No.  
10725445

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City MATTOON State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [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 49 FR 53971 (Sep. 3, 2004).*

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2FMDK3JC8BE [REDACTED]  
Make FORD Model EDGE Model Year 2011  
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type [REDACTED]  Antilock Brakes  Cruise Control Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 01-JUN-2012

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

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 980000 UNKNOWN OR OTHER, LIGHTING (PWS) Failure Mileage 10000 Failure Speed 0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTMAL9ABC036) [REDACTED]  Original Equipment  Prior 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), Failure(s), Crash(es), and injury(ies).)*

Crash  Yes  No Fire  Yes  No Number of Persons Injured 0 Number of Deaths 0 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).

DOOR AJAR LIGHT STAYS ON. THIS CAUSES ALL DOME LIGHTS TO STAY ON, AT NIGHT IMPAIRS VISION WHEN BACKING UP. MAKES DRIVING VERY UNSAFE FOR FIRST FEW YARDS, DOME AND MAP LIGHTS THEN GO OFF. THIS IS VERY UNSAFE AND I HAVE HAD ONE LATCH REPLACED. NOW ANOTHER IS DOING IT. FORD DEALER REFUSED TO FIX IT AGAIN, WILL COST ABOUT \$300.00 EACH TIME. I FEEL FORD HAS KNOW OF THIS PROBLEM FOR SOME TIME AND SHOULD FIX ALL DOORS ON MODELS AFFECTED, OR FIND SOLUTION TO HAVING LIGHTS STAY ON INSTEAD OF JUST THE WARNING LIGHT. I'M GOING TO TAPE OVER MY MAP LIGHTS UNTIL TRADE IN, AND WILL NOT BUY ANOTHER FORD PRODUCT IF THEY DON'T PROVIDE A SAFE SOLUTION AT THEIR COST.

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.



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ



**From:** [Abbew, Margaret CTR \(NHTSA\)](#)  
**To:** [Fogle, Brenda CTR \(NHTSA\)](#)  
**Subject:** FW: ODI Complaint  
**Date:** Monday, July 27, 2015 11:43:25 AM  
**Attachments:** [Edge complaint form.pdf](#)  
[EVOQ EMAIL RESPONSE \(2\).doc](#)

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**Sent:** Monday, July 27, 2015 10:14 AM

**Subject:** FW: ODI Complaint

**From:** [REDACTED]  
**Sent:** Friday, July 24, 2015 8:30 PM  
**To:** DataQuality, DataQuality (NHTSA)  
**Subject:** ODI Complaint

Please find attached as requested.

THANKS  
[REDACTED]