



U.S. Department
of Transportation
National 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 1368

Date Received

Repository ☐

20-FEB-2003

2003 MAR 27 10:11:29
Reference No.
10008952

OWNER INFORMATION (Type or Print)

Name

Address

City

SALT LAKE CITY

State

UT

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

Vehicle Identification Number (VIN) (located at bottom of windshield on driver's side)
1FAHP3339W178501

Make

FORD

Model

FOCUS

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine

No. Cylinders

Fuel Type

Original Owner

Dealer's City

State

UT

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

Vehicle Component Code

103000 POWER TRAIN-AUTOMATIC TRANSMISSION

☐ Cruise Control

Multiple Failure: 1

5 SPEED
MANUAL

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-FEB-2003

Failure Mileage

Failure Speed

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: DOTM19ABC036)

☐ Original Equipment
☐ 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:

Child Seat:

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

Number of Deaths

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).

THE VEHICLE STALLED, WHICH CAUSED CONSUMER TO LOSE SLIGHT CONTROL OF THE VEHICLE. *JB

WE HAVE ON SEVERAL INSTANCES ACTIVED, WHILE TRAVELING DOWN THE HIGHWAY, THE ENGINE STARTING TO HESITATE. THE BEST WAY TO DESCRIBE IT WOULD BE LIKE THE AIR CONDITIONING COM-PRESSOR COMING ON, BUT ONLY WORSE. THE ENGINE WILL CONTINUE DOING THIS WITH RPM'S SPEED REDUCING. IT HAS HAPPENED ON HOT DAYS & COLD DAYS. ON DAYS WITH THE A/C OPERATING & DAYS WHEN NOT. ONE DAY THE ENGINE DIED AND WE WERE NOT ABLE TO START IT FOR 30-45 MINUTES. AT 25,000 MILES WHEN I MENTIONED IT TO THE DEALER THEY SAID I WOULD NEED A NEW FUEL FILTER ->

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.

