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 231	
Date Received: 2003 JUL -3 AM 10: 21 21-MAY-2003	Repository ☐ Reference No. 10020310

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]
Address [redacted]		Evening Telephone Number
City FREDERICK	State MD	Zip Code [redacted]

E-mail Address

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 [redacted] Date 6/23/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP3 6313 W1 7889	FORD	FOCUS	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: Z-Tec No: Cylinders 4	Fuel Type: reg.
3/29/03	Fay Frederick Motors		

Original Owner	Dealer's City	State	Zip Code
☑	Frederick	MD	2170_

Transmission Type		Powertrain	Vehicle Component Code
auto	☐ Antilock Brakes ☒ Cruise Control		060000 ENGINE AND ENGINE COOLING Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
5/19/03	1500	idle,	Power Tran Control Module.

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: DOTMAL9ABCD36)	☐ 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:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHILE DRIVING THE VEHICLE STALLED. THE CONSUMER RESTARTED THE VEHICLE BUT SOON AFTER THE VEHICLE STALLED AGAIN. AFTER DOING THIS FOR THE FOURTH TIME THE VEHICLE WAS TOWED TO THE DEALER. *NLM

See attached repair invoices. Further failure of various items including PCM were found on delivery & had to be done see record. Engine is currently [illegible] [illegible] latest system

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).