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 100161

Date Received: 2004 FEB 9 AM 10:12 — 25-DEC-2003
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OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: LEBANON | State: OH | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
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 _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP34P01[redacted]	FORD	FOCUS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
March '01	Mike Castrucci Ford				
Original Owner ☒	Dealer's City: Milford	State: OH	Zip Code: 45150		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☒ Cruise Control		141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed		
18-DEC-2003	37500	25		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example: P215/65R15)
GoodYear	15" alum 5-spoke	P195/60R15
DOT No. (Example: DOTMAL9ABC036)	☒ 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	0		Y

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 OVER ICE AT 25 MPH THE VEHICLE COULD NOT STOP WHICH CAUSED THE VEHICLE TO REAR END ANOTHER VEHICLE. THE FRONT AIR BAGS DEPLOYED. THE FORCE OF THE PASSENGER SIDE AIR BAG CAUSED THE WINDSHIELD TO SHATTER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NLM

Air bags damaged front windshield dash, steering column, seat belt latch on passenger side. All had to be replaced. From the neck only front bumber got some scratches & steel bumper was fixed. Air bags did more damage. Total $4000 to fix

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 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.