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 335

Date Received	Repository
2004 FEB 26 AM 9:45 27-JAN-2004	
	Reference No. 10065926

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number [redacted]	
City SUN CITY WEST	State AZ	Zip Code [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an [illegible] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/10/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Location/Title [illegible]	Make	Model	Model Year
3FAHP31342[redacted]	FORD FOCUS	FOCUS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
02-JAN-01				No. Cylinders	
Original Owner ☒	Dealer's City PEORIA ARIZONA	State AZ	Zip Code		

Transmission Type			Vehicle Component Code
AUTO-MATIC	☑ Antilock Brakes ☑ Cruise Control	Powertrain	162700 STRUCTURE:BODY:TRUNK LID Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	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: OOTMAL9ABC036)	☐ 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), Fatality(ies), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1		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 TRUNK COLLAPSED ON THE CONSUMERS HEAD DUE TO THE HYDRAULIC LIFTS FAILING. THE CONSUMER WAS INJURED AND HAD TO GET STITCHES. "JB
Twice I had them replaced & they failed. I had a concussion the last time. I propped the trunk up with a pole. It is very inconvenient. I would like to have this condition fixed otherwise the car is fine. Would you please take care of this for me - Thank you - [redacted]

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