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 100184

| Date Received | Repository |
|---|---|
| 2004 APR -1 PM 12:51<br>25-FEB-2004 | Reference No.<br>10069791 |

**OWNER INFORMATION (Type or Print)**

| Name | Daytime Telephone Number | E-mail Address |
|---|---|---|
| Address [redacted] | [redacted] | |
| City TEMPLE CITY / State CA / Zip Cod [redacted] | Evening Telephone Number [redacted] | |

*Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?* ☐ YES ☒ NO
*In the absence of* [redacted] *address to the vehicle manufacturer.*
Signature of Own[redacted] Date 3/13/04

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1FAFP34Z33W268516 | FORD | FOCUS | 2003 |

| Date Purchased | Dealer's Name and Telephone Number | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|
| 8/19/03 | PASADENA FORD 136 E. Colorado Blvd | | |
| Original Owner ☒ | Dealer's City: Pasadena City / State: CA / Zip Code: 91106 | | |

| Transmission Type | Antilock Brakes / Cruise Control | Powertrain | Vehicle Component Code |
|---|---|---|---|
| | ☐ / ☑ | | 113000 ELECTRICAL SYSTEM:STARTER ASSEMBLY |
| | | | Multiple Failure: 3 |

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

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| 16-JAN-2004 | 7000 | 35 MPH |

**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: OOTMAL9ABC098) | ☐ Original Equipment ☐ Prior Repair | Failure Location: |
| Tire Component Code | | Tire Failure Type ADVE |

**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 | 0 | 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 AT ANY SPEED VEHICLE STALLED TWICE, BUT ALWAYS STARTED BACK UP AFTER A FEW MINUTES. ON ONE OCCASION DEALER REPLACED THE STARTER, AND ON THE OTHER OCCASION TRANSMISSION WAS REPLACED. *AK

STARING UP AFTER IT WAS TAKE TO THE SHOP. WHILE DRIVING THE CAR WOULD STOP AND NOT START.

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).