



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

(1-888-327-4238)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

19 MAY 2004

Repository

Reference No.

10073881

**OWNER INFORMATION (Type or Print)**

Name

Address

City FORT MYERS

State FL

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an answer, we will provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1APP35234W

Make

FORD

Model

FOCUS

S/W

Model Year

2004

Date Purchased

MAR 04

Dealer's Name and Telephone Number

SAM GALLOWAY 930-

Engine:

No. Cylinders

4

Fuel Type:

REG

Original Owner

Dealer's City

FORT MYERS

State

FL

Zip Code

33901

Transmission Type

AUTO

Anti-lock Brakes

Cruise Control

Powertrain

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failures: N/A

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

Incident Date(s)

19 MAY 2004

Failure Message

N/A

Failure Speed

N/A

**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: DOTM18ABC036)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

ELECTRICAL SYSTEM FAILED TO ILLUMINATE PROPERLY THE INTERIOR AND EXTERIOR LIGHTS. THIS CAUSED POOR VISIBILITY FOR THE DRIVER. \*AK

they did not fail, the indicator lights on the instrument panel for the high beam headlights and turn signal lights are not bright enough.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.