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 1368

Date Received	Repository
2004 SEP 13 AM 5:52 30-JUL-2004	Reference No. 10083825

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City HURRICANE	State UT Zip Code		

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 release your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 9 Aug 04

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3FAFP37Z43R	FORD	FOCUS	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
25 Mar 04	St George Ford 800-634-5786			4	gas
Original Owner ☐	Dealer's City St George, Ut.	State Ut	Zip Code 84737		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control		103400 POWER TRAIN:AUTOMATIC TRANSMISSION:LEVER AND LIN Multiple Failure: 1+

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-JUL-2004	19000	any	Transmission Shift engages without depressing engage button (Shifts gears with casual contact)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R16)
DOT No. (Example: DOTMA1SABC036)	☐ 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).

CONSUMER CAN SHIFT GEARS WITHOUT PUSHING THE SHIFT RELEASE BUTTON. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

On several occassions I have accendently shifted into N when driving, even at freeway speeds. On one occassion shifted from N to D without knowledge of having done so, until vehicle suddenly lunged forward. Dealer says, "this is normal."

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