



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 100222

Date Received

Repository

2004 SEP 28 AM 9:38
01-SEP-2004

Reference No.
10090237

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City SAN RAMON

State CA

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. DT
Signature of Owner [REDACTED] Date 9/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3FAHP39544R [REDACTED]

Make FORD

Model FOCUS

Model Year 2004

Date Purchased 4-28-04

Dealer's Name and Telephone Number FORD of DUBLIN 925 556 4600

Engine: No: Cylinders 4

Fuel Type: Gas

Original Owner

Dealer's City DUBLIN

State CA

Zip Code 94568

4

Prem V/L

Transmission Type MANUAL

Antilock Brakes
 Cruise Control

Powertrain FRONT WHEEL DRIVE

Vehicle Component Code 012000 STEERING: COLUMN

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-JUL-2004

Failure Mileage 7800

Failure Speed ALL

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: DOTM19ABC036)

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 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).

VEHICLE WAS NOT PERFORMING ADEQUATELY. THE CHECK ENGINE LIGHT CAME ON. STEERING COLUMN WAS DEFECTIVE, VEHICLE CHANGED LANES ON ITS OWN. THE DEALER STATED NO DEFECTS WERE FOUND.*AK

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I believe this car is a lemon! It came with an individually numbered certificate of authenticity so its' origins can be traced -

It is not guaranteed to start - sometimes up to 10 twists of the key in the ignition.

The acceleration is slow, then fast, then muted.

It doesn't brake right - the power mysteriously disappears.

The steering is vague - I have changed lanes on the freeway without pointing the steering wheel in another direction.

Finally, the engine malfunction light has come on twice and twice the dealer said there was nothing wrong! Please advise.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

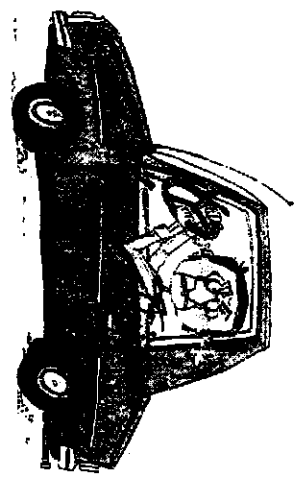
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/hotline>

Les Schivo

Professional Service Consultant
 Certified Member JGC Guild of Automotive Professionals
 Certified Ford Service Professional

This is not another survey and does not need to be returned. It is my sincere thank you for your business. I know you had a choice of where to service your vehicle and I would like to thank you for the opportunity to earn your business. I also know that if I expect to build a strong customer base, I need to make sure that you are completely satisfied with your overall service experience here today.

Listed below are some sample questions that may appear on a questionnaire from my dealership or possibly even a survey from Ford Motor Company. Although some of them seem to rate our entire operation, in fact they all rate my personal performance and the scores become part of my permanent record. If you feel that I have not earned *passing marks* of "Completely Satisfied", "Definitely Would", or "Excellent", please call and allow me the opportunity to correct any of my failures or shortcomings. While my score is very important, my desire to earn and keep your business is far more important. If there is any situation, where I may be of assistance now or in the future, please let me know.

PASS

Failing

	Yes	No			
Was your vehicle fixed right the first time	<input type="checkbox"/>	<input type="checkbox"/>			
	Completely Satisfied				Very Dissatisfied
Your overall service experience at this dealership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Definitely Would				Definitely Would Not
Would You recommend this dealership as a place to have a vehicle serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Excellent				Poor
Ease of scheduling your service appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your service advisor's understanding of your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service advisor's honesty and sincerity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and completeness of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time for completion of service/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time it took to pay for and retrieve your car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle ready when promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- DID NOT complete interior vacuum!
 - This is part of the warranty!
 - I was told he was on vacation for a week.

Sincerely,

Les Schivo
 925-556-4682

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).