



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 1230

Date Received

Repository 24

29-DEC-2004

Reference No.
10106472

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City **POMONA** State **NY** Zip Code _____

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.

Signature of Owner _____ Date **1.9.05**

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: **1FAPP34373W**
Make: **FORD** Model: **FOCUS** Model Year: **2003**
Date Purchased: _____ Dealer's Name and Telephone Number: **MAHWAH FORD SALES & SERV 55 FRANKLIN TURNPIKE, P.O. B. 20** Engine: _____ No. of Cylinders: **4** Fuel Type: _____
Original Owner: Dealer's City: **MAHWAH, N.J. 07430** State: **N.J.** Zip Code: **07430**
Transmission Type: **AUTOMATIC** Antilock Brakes Cruise Control Powertrain: _____
Vehicle Component Code: **Q21540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **25-DEC-2004** Failure Mileage: **16000** Failure Speed: **slow**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: **GOODYEAR** Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): **P15 6DR15 BSW**
DOT No. (Example: DOTM1A9ABC038): _____ Original Equipment Prior Repair Failure Location: **CONVENT 57 MAPLE AVE, NEW CITY**
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: **0** Number of Deaths: **0** 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).

WHILE DRIVING, THE CONSUMER HEARD A LOUD BOOM. UPON MAKING A RIGHT TURN, THE FRONT OF THE VEHICLE COLLAPSED. THE BALL JOINTS WERE LYING ON THE GROUND, THE TIE ROD WAS BROKE IN HALF AND THE BRAKE HAD ALSO BROKE IN HALF. THE VEHICLE WAS COMPLETELY INOPERABLE. THE CONSUMER STATED SHE DID NOT HIT ANYTHING. PLEASE PROVIDE ANY FURTHER INFORMATION. *JB

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.