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 100148

Date Received	Repository
2005 NOV 15 AM 9:54 24-OCT-2005	Reference No. 10140558

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address [redacted]			Evening Telephone Number	
City FABER	State VA	Zip Code [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.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP34F[redacted]	FORD	FOCUS	2003

Date Purchased	Dealer's Name and Telephone Number			Engine	Fuel Type:
28-SEP-03	UNKNOWN			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City ROANOKE RAPIDS	State NC	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-SEP-2005	14000.		

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: DOTMALSABC036)	☐ 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). Fatal, Crash(es), and Injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0		Y

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).

DT: THE CONTACTS VEHICLE COLLIDED ON 9-28-05 WITH AN AUTOMOBILE THAT CAME ACROSS THE MEDIUM AT A STOP SIGN. THE AUTOMOBILE WAS GOING APPROXIMATELY 60 MPH WHEN IT WENT THROUGH THE STOP SIGN. THE CONTACT'S VEHICLE HIT THE OTHER CAR WHILE GOING BETWEEN 48-50 MPH. IT HIT THE RIGHT SIDE PANEL IMMEDIATELY IN THE MIDDLE OF THE CAR. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. HE DID NOT NOTICE ANY LIGHTS ILLUMINATING ON THE DASH PRIOR TO THIS INCIDENT. THE DEALER TOLD THE CONTACT THAT THEY WOULD GIVE HIM A STATEMENT IN WRITING EXPLAINING WHY THE AIR BAGS DID NOT DEPLOY. THE CONTACT WANTED A STATEMENT FROM FORD HEADQUARTERS IN DEARBORN, MICHIGAN , BUT FORD REFUSED. INITIALLY, TOLD HIM TO HAVE THE CAR TOWED TO A DEALERSHIP ,AND THE DEALER WOULD TURN THIS INCIDENT INTO THEIR LEGAL DEPARTMENT. THE DEALERSHIP HAS SINCE THEN INDICATED THAT THEY COULD NOT TURN OVER THE ACCIDENT CASE TO THEIR LEGAL DEPARTMENT. THEY WOULD TURN IT OVER TO THE COMPLAINTS DEPARTMENT.*AK

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