



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 2006 FEB -7 AM 11:08
11-JAN-2006
Repository ☐
Reference No. 10147441

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DETROIT State MI 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?
In the absence of your name or address to the vehicle manufacturer. ☐ YES ☒ NO
Signature of Owner [REDACTED] Date 1/17/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1FAFP3 [REDACTED]
Make FORD Model FOCUS Model Year 2001
Date Purchased 20-MAY-01 Dealer's Name and Telephone Number VILLAGE FORD UNKNOWN
Engine: No. Cylinders 4 Fuel Type: Gas
Original Owner ☒ Dealer's City DEARBORN State MI Zip Code 48121
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code Sway Bar -
021100 SUSPENSION:FRONT:STABILIZER BAR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 11-JAN-2006 Failure Mileage 38000 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location:
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the circumstances, location, date, and time of incident.)
Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police [REDACTED]

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 CONTACT STATED AFTER DRIVING ON BUMPY ROAD CONDITIONS T A CLANKING NOISE COMING FROM THE FRONT SUSPENSION.
THE VEHICLE WAS TAKEN TO A DEALER, WHO DETERMINED THE STABILIZER BAR NEEDED TO BE REPLACED, AND THE PIVOT JOINT HAD WORN
OUT PREMATURELY. THE DEALER REPLACED THE STABILIZER BAR. *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)

CHANGED ONCE AT 14000 MILES WEAK DESIGN.

FRONT SWAY BAR TIE LINK -

UNABLE TO MAINTAIN STRENGTH OVER ROUGH ROADS.

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

DETROIT MI

23 JAN 2006 PM 7 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 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

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and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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