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 ☐
2006 MAR 20 PM 2:47 27-FEB-2006	Reference No. 10151325

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City: EXTON	State: PA	Zip Code:	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 auth... vehicle manufacturer.
Signature of Owner _____ 3/16/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP3435	FORD	FOCUS	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-SEP-03	FRED BEANS FORD OF WEST CHESTER			No. Cylinders	Gas
Original Owner ☒	Dealer's City: WEST CHESTER	State: PA	Zip Code: 19382		

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	
27-FEB-2006	39785	35	

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: DOTMALBABC036)	☐ 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			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 CONTACT STATED THE AIRBAGS DID NOT DEPLOY DURING A FRONTAL IMPACT COLLISION. WHILE DRIVING 35 MPH, A VEHICLE RAN A STOP SIGN AND THE CONTACT'S VEHICLE HIT THE SIDE OF THE OTHER VEHICLE. THERE WAS BRAKING BEFORE IMPACT. A POLICE REPORT WAS TAKEN AT THE SCENE. THE VEHICLE WAS TOWED TO AN INDEPENDENT REPAIR SHOP. THE ENTIRE FRONT END WAS DAMAGED AND THE INSURANCE COMPANY DEEMED THE VEHICLE A TOTAL LOSS. THE SEATBELT WAS WORN AND THERE WERE NO INJURIES.

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