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
2004 MAR 28 PM 2:22 06-MAR-2006	Reference No. 10152016

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City GILBOA / State NY / 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 [illegible] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/14/06

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP3437[redacted]	FORD	FOCUS	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAR-05	AERO FORD			No. Cylinders 4	Gas
Original Owner ☐	Dealer's City COBLESKILL	State NY	Zip Code 12043		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	200000 WHEELS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-MAR-2006	60000		

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(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

DT*: THE CONTACT STATED WHILE DRIVING DURING WINTER CONDITIONS IN THE NORTH EAST, THE SALT, SAND AND SNOW ACCUMULATE ON THE INSIDE OF THE WHEELS CAUSING THE VEHICLE TO VIBRATE VIOLENTLY. THE DEALERSHIP DETERMINED THE WHEELS WERE SO FLAT ON THE INSIDE THEY WERE UNABLE TO SHED THESE ELEMENTS. THE CONTACT IS UNABLE TO REMOVE THESE ELEMENTS AT THE CAR WASH. THE WHEELS HAVE TO BE TAKEN OFF AND CLEANED BEFORE THE VEHICLE IS SAFE TO DRIVE.

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