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 ☐
26-SEP-2006	Reference No. 10169344

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City SAINT LOUIS	State MO	Zip Code	Evening Telephone Number

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Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP33P2	FORD	FOCUS	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAR-03	CAVALIER FORD UNKNOWN			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City MAPLEWOOD	State MO	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☐ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	116000 ELECTRICAL SYSTEM:IGNITION Multiple ~~Failure~~: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
26-SEP-2006	46400	

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: DOTMAL9ABC036)	☐ 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			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 UPON PLACING THE KEY IN THE IGNITION, THE KEY WOULD NOT TURN, AND THE ENGINE WOULD NOT START. THE CONTACT APPLIED PRESSURE WITH A PAIR OF PLIERS, WHICH ALLOWED THE KEY TO TURN, AND START THE ENGINE. THE DEALER AND MANUFACTURER WERE NOTIFIED.

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