



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 2007 DEC 12 AM 11:05	Repository <input type="checkbox"/>
Reference No. 10206490	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City ARLINGTON	State VA	Zip Code

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 11/4/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP33P94W	Make FORD	Model FOCUS	Model Year 2004
Date Purchased 01-APR-04	Dealer's Name and Telephone Number JERRY'S FORD (703) 256-5000	Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City ANNANDALE VA	State VA	Zip Code 22003
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 116100 ELECTRICAL SYSTEM:IGNITION:SWITCH
Multiple Failure: 2			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-OCT-2007	Failure Mileage 14155	Failure Speed 0
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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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

TL*THE CONTACT OWNS A 2004 FORD FOCUS. THE CONTACT WAS UNABLE TO TURN THE IGNITION WHEN THE KEY WAS INSERTED. THE DEALER WAS UNABLE TO DUPLICATE THE FAILURE. THE FAILURE RECURRED TWO DAYS LATER. THE DEALER STATED THAT THE KEY CARTRIDGE CAUSED THE FAILURE AND THEY MADE THE REPLACEMENT. THE CONTACT STATED THAT TWO OF THE THREE ORIGINAL KEYS HAVE NOT WORKED PROPERLY SINCE THE REPLACEMENT. THE FAILURE MILEAGE WAS 14,155 AND CURRENT MILEAGE WAS 14,200.

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 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.