Form Approved: O.M.B. No. 2127-0008

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

2008 MAY -6 AM 7:32

FOR AGENCY USE ONLY 100148

Date Received	Repository
07-APR-2008	☐

Reference No. 10223536

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CHESAPEAKE **State** VA **Zip Code** [redacted]		

Do you authorize [redacted] manufacturer of your vehicle? ☒ YES
In the absence of [redacted] our name or address to the vehicle manufacture.
Signature of Owne[redacted] Date 05 06 2008

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP36N35W[redacted]	FORD	FOCUS	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
09-AUG-05	CAVALIER FORD 757-424-1111			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City CHESAPEAKE	State VA	Zip Code 23320		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain FRONT WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 25

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
04-APR-2008	25100	62

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	0	0	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).

TL*THE CONTACT OWNS A 2005 FORD FOCUS. WHILE DRIVING APPROXIMATELY 62 MPH WITH THE CRUISE CONTROL ACTIVATED, THE CONTACT BUMPED THE FLOOR SHIFTER AND THE GEARS SHIFTED FROM DRIVE INTO NEUTRAL. THE RPM'S BEGAN RACING UNTIL HE TURNED OFF THE VEHICLE AND PULLED OFF THE ROAD. HE ATTEMPTED THIS SCENARIO A FEW TIMES AND GOT THE SAME RESULTS. THE CURRENT MILEAGE WAS 25,166 AND FAILURE MILEAGE WAS 25,100.

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