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 7:40

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
22-APR-2008	Reference No. 10225413

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City GREENVILLE	State IL	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP33P53	FORD	FOCUS	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-FEB-06				No: Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	220000 SEATS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-JAN-2008	101000	60	

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 2003 FORD FOCUS. WHILE DRIVING 60 MPH, THE CONTACT HEARD A LOUD NOISE. HE ARRIVED HOME AND FELT AS IF THE DRIVER'S SEAT BACK REST WAS LEANING MORE THAN NORMAL. HE CHECKED THE SEAT AND FOUND THAT IT HAD FAILED. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY STATED THAT A DEFECTIVE FACTORY WELDING CAUSED THE SEAT BOLT TO FAIL. THE CONTACT WILL NEED TO REPLACE THE ENTIRE SEAT AND HE FEELS THAT THE MANUFACTURER SHOULD BE RESPONSIBLE FOR THE COST. THE MANUFACTURER STATED THAT THEY WERE AWARE OF THE SAFETY CONCERN, BUT THEY WOULD NOT ASSIST BECAUSE THE VEHICLE EXCEEDED THE WARRANTY MILEAGE. THE CURRENT MILEAGE WAS 133,000 AND FAILURE MILEAGE WAS 101,000.

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