



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

28-OCT-2008

Repository

Reference No.
10246939

OWNER INFORMATION (Type or Print)

Name

Address

City KANSAS CITY

State MO

Zip Code

Daytime Telephone Number

E-mail Address

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 authorized NHTSA representative, we will NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 11/19/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1FAHP34N67V

Make

FORD

Model

FOCUS

Model Year

2007

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

23-OCT-2008

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 200000 WHEELS

Failure Mileage

10000

Failure Speed

65

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)

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

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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 2007 FORD FOCUS. WHILE THE VEHICLE WAS PARKED IN A GARAGE, THE CONTACT NOTICED THAT THE FRONT PASSENGER SIDE WHEEL FAILED. THE WHEEL WAS REPLACED. ON OCTOBER 23, 2008, WHILE DRIVING 65 MPH, THE FRONT DRIVER'S SIDE WHEEL FAILED. THE VEHICLE SWERVED ACROSS THE ROAD AND CAME TO A STOP WHEN IT CRASHED INTO A DITCH. THERE WERE NO INJURIES. A REPORT WAS FILED WITH THE MANUFACTURER. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY REPLACED THE WHEEL. THE FAILURE AND CURRENT MILEAGES WERE 10,000.

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.



Date: 11/13/2008

A & B CARSTAR - SMITHVILLE

INVOICE

1706 S 169 HWY

RO #: 9996

Smithville, MO 64089

(816) 532-0000, (816) 532-0008 (fax)

Est: Blackburn Christina

KANSAS CITY MO Home: _____ Work: _____ Fax: _____	07 Ford Focus Color: red Type: PC SES 4 DR Sedan VIN: 1FAHP34N67W Prod Date: Plate: _____ Mileage: 11042 Engine: 4cyl Gasoline 2.0	AMERICAN FAMILY INSURANCE Adjustor: _____ Phone: _____ Claim #: _____ Deductible: 500 Loss Type: Comprehensive
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P = Who Pays? (I = Insurance, C = Customer)

Qty	Type	Description	Part #	Amount	Sup #	Labor	Op	Labor Units	Paint Units	P
	Parts Other	Frt Bumper Cvr Overhau				Body	Addl	3.2		
		Cover,Front Bumper				Body	Rpr	4.5		
		Cover,Front Bumper B					Refn		3.5	
1	Parts New	Wheel,Front LT	3S4Z1007AB	188.00		Body	Repl	0.3		
1	Parts New	Wheel,Front RT	3S4Z1007AB	188.00		Body	Repl	0.3		
1	Parts New	Wheel,Rear LT	3S4Z1007AB	188.00	1	Body	Repl	0.2		
1	Parts New	Wheel,Rear RT	3S4Z1007AB	188.00		Body	Repl	0.3		
1	Parts New	Module,Airbag Control	5S4Z14B056 AC	273.88	2	Mech	Repl			
1	Parts New	Airbag Sensor,Interior	2M5Z14B004 AB	69.72	2	Mech	Repl			
1	Parts New	Airbag,Front Seat LT	5S4Z54611D1 1A	216.90	1	Mech	Repl			
1	Parts New	Seatbelt,Front LT	6S4Z54611B0 9C	110.43	2	Body	Repl			
1	Parts New	Buckle,Frt Seatbelt LT	6S4Z6161203 A	83.10	1	Body	Repl			
1	Parts New	Frame,Front Seat LT	5S4Z5461019 AA	352.95	1	Body	Repl			
1	Parts New	Cover,Seat Cushion LT	5S4Z5464417 DAB	317.05	2	Body	Repl			
1	Parts New	Cushion,Front Seat LT	7S4Z5464810 A	134.17	2	Body	Repl			
		Panel,Quarter LT			1	Body	Rpr	12.0		
		Panel,Quarter LT B			1		Refn		2.9	
1	Sublet	Glass,Quarter Tinted LT	SUBLET REPAIR	65.00	2	Body	Subl			
		Panel,Rear Body			1	Body	Rpr	4.0		
		Panel,Rear Body B			1		Refn		0.7	
1	Parts New	Cover,Rear Bumper	6S4Z17K835 BA	399.30	2	Body	Repl	2.0		
		Cover,Rear Bumper B					Refn		3.1	
1	Parts New	Knuckle,Rear Susp LT	4S4Z5A969A C	114.48	1	Mech	Repl	1.3		
	Parts Other	POLISH ROCKER PANELS				Body	Addl	1.0		
	Parts Other	CLEAN CAR				Body	Addl	2.0		
1	Parts AM	P6 LF	ECONOMY PART	143.70	1	Body	Repl			
1	Parts AM	P6 LR	ECONOMY PART	143.70	1	Body	Repl			
1	Parts AM	P6 RF	ECONOMY PART	143.70	1	Body	Repl			
1	Sublet	FOUR WHEEL ALIGNMENT	SUBLET REPAIR	79.95		Body	Subl			
		BODY PULL TO QTR & REAR BO			1	Body	Rpr	3.0		
		SET UP & MEASURE			1	Body	Rpr	1.5		
	Sublet	Tire-Right Front,Balance				Body	Rpr	0.3		
	Sublet	Tire-Right Rear,Balance				Body	Rpr	0.3		
	Sublet	Tire-Left Front,Balance				Body	Rpr	0.3		

Qty	Type	Description	Part #	Amount	Sup #	Labor	Op	Labor Units	Paint Units	P
1	Sublet	Tire-Left Rear,Balance	SUBLET REPAIR	559.00	2	Body	Rpr	0.3		
	Sublet	Install seat airbags		530.00		Body	Subl			
	Tow	MISC Towing		285.60						
	Pnt/Mat	MISC Paint & Materials								
								SubTotal	6,967.13	
								Taxes	251.39	
								Grand Total	7,218.52	

Description	Original			Supplements		Final		
	Units	Rate	Amount	Units	Amount	Units	Rate	Amount
Body				32.5	1,487.80	32.5	46.00	1,487.80
Detail				3.0	138.00	3.0		138.00
Mech				1.3	97.50	1.3	75.00	97.50
Paint				10.2	469.20	10.2	46.00	469.20
Pnt/Mat					285.60			285.60
Parts AM					431.10			431.10
Parts New					2,823.98			2,823.98
Sublet					703.95			703.95
Tow			530.00					530.00
SubTotal			530.00	47.0	6,437.13	47.0		6,967.13
Taxes			0.00					251.39
Grand Total			530.00					7,218.52

Due from Insurance		Due from Customer	
Agreed Amt	7,218.52	Customer Amt	0.00
Discounts	0.00	Deductible	500.00
		Betterment	123.58
Less	623.58	Appearance Allowances	0.00
Total	6,594.94	Total	623.58
		Total Amount	7,218.52