



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 20-APR-2009	Repository <input type="checkbox"/>
	Reference No. 10266162

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: DIXON State: CA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]  
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 5/19/09

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side 1FAHP35N58W [REDACTED]	Make FORD	Model FOCUS	Model Year 2008
Date Purchased 5/30/08	Dealer's Name and Telephone Number Ron Dupratt Ford (707)678-5555		Engine: No: Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City DIXON,	State CA	Zip Code 95620
Transmission Type Auto	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 14-APR-2009

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 17000	Failure Speed 35
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make N/A	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: N/A	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths 0	Reported to Police Y
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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 2008 FORD FOCUS. WHILE DRIVING BETWEEN 35-40 MPH, THE CONTACT LOST CONTROL OF THE VEHICLE AND STRUCK A GUARDRAIL. THE VEHICLE CAME TO REST IN A CREEK. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUFFERED INJURIES TO THE LOWER BACK AND ANKLE. A POLICE REPORT WAS FILED. THE CURRENT AND FAILURE MILEAGES WERE 17,000.

Please refer to enclosures

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 to 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.

May 18, 2009

Ford Motor Company  
Mr. William Ford  
PO Box 6248  
Dearborn, MI 48126

RE: 2008 Ford Focus, Faulty Air Bags - VIN 1FAHP35N58W [REDACTED]

This is a follow-up to my conversation today with David at the Ford Customer Relationship Center (1-800-392-3673) in which I filed an accident complaint (Ford case [REDACTED]). I understand that I will receive a letter from Ford's Office of General Counsel in 15 business days regarding this complaint.

My complaint stems from air bags that failed to deploy in an auto accident on 4/14/09. The safety feature in my 2008 Ford Focus failed to deploy when my son, [REDACTED] hit a tree head on at @ 45 mph, with a passenger.

I found online (<http://www.automotix.net/autorepair/recalls/6008-recall/>) that the 2008 Ford Focus was recalled due to air bags not properly deploying. It indicated that I may also contact the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA). As such I have filed complaint #10266162 with NHTSA. The NHTSA handbook *What you need to know about air bags* reports that "air bags are typically designed to deploy in frontal and near-frontal collisions which are comparable to hitting a solid barrier at approximately 8 to 14 miles mph."

My car was in an accident 11/12/08 in which it was discovered that the passenger side air bag should have deployed and that the car had a faulty air bag sensor. Ron Dupratt Ford replaced the sensor on 1/7/09 (attachment 1) when the vehicle had 14,332 miles. This most recent accident occurred on 4/14/09 with 17,268 miles on the car. The car hit a tree head on at @ 45 mph and rolled once. Something is wrong. How can the same car be in two accidents and not have air bags deploy; much less at a speed of 45 mph hitting a tree?

I currently have a considerable expense and an enormous amount of stress on our family of what to do next. At this time I have car which is a total loss. Having been in 2 accidents in which airbags failed I'm asking the Ford Corporation to look at their product and ask "Was Quality Job 1"? Was the safety of my family Job 1?

I've been a long time Ford car owner. This was my 5<sup>th</sup> Ford vehicle. I've always been very satisfied with the quality and customer service I've received. However, you may have lost a long time Ford advocate. I bought the car for my kids feeling assured that if my kids were in an accident they would be safe with the frontal and pillow air bags. I even told a co-worker looking for a car about this great vehicle for her soon to be 16 year old. However, this experience has left me feeling a false sense of security in a Ford auto and no longer able to recommend it.

I look forward to hearing from you on how you may regain my trust and satisfaction.

Sincerely,

[REDACTED]

cc: customer relationship center

# RON DuPRATT FORD

1320 North First Street  
 Dixon, CA 95620  
 (707) 693-6120  
 (800) 6-GO-FORD  
 www.ronduprattford.com



1510786

124297

\*INVOICE\*

DIXON, CA [REDACTED]  
 HOME: [REDACTED] BUS: [REDACTED]

PAGE 1

EPA# CAD60038

BAR# AP023644N

SERVICE ADVISOR: 305 BRIAN TAPPARO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
VISTA BLUE	08	FORD FOCUS	1FAHP35N58W [REDACTED]		14332/14332	T2432	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30MAY08 IS							
30MAY08 DD			17:30 16DEC08		0.00	CASH	07JAN09
R.O. OPENED		READY		OPTIONS: STK: 7073 DLR: [REDACTED] ENG: 2.0 Liter DOHC			
14:17 16DEC08		12:27 07JAN09		TRN: 442			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							
PLEASE RESET SRS LIGHT							
GEN GENERAL REPAIR							
122 CESSFORD, JEFF LIC#: 5612							
CF							
					489.50	489.50	
14332 PULLED CODES B1231, B1231, B2290, B2292*26. RAN PINPOINT TEST AND FOUND A FAULTY RCM AND OCCUPANT CONTROL MODULE. RAN PINPOINT TEST FOR PRETENSIONERS FOUND A OPEN IN THE DRIVERS AND PASSANGERS PRETENSIONER. R AND R THE RCM, OCCUPANT CONTROL MODULE AND PRETENSIONER. RAN ON-DEMAND SELF TEST-PASS							



<p>* I acknowledge notice and oral approval of an increase in the original estimated price.                  ( signature or initials)"</p> <p>If you are not "Completely Satisfied" with your service experience, please contact our service manager at (707) 249-3719</p>	ORIGINAL ESTIMATE	AUTHORIZED REVISED ESTIMATE	DESCRIPTION	TOTALS
	\$	\$	LABOR AMOUNT	489.50
			PARTS AMOUNT	0.00
			GAS, OIL, LUBE	0.00
			SUBLET AMOUNT	0.00
			MISC CHARGES	0.00
			TOTAL CHARGES	489.50
			LESS INSURANCE/DISC.	0.00
			SALES TAX	0.00
			PLEASE PAY THIS AMOUNT	489.50

CUSTOMER COPY





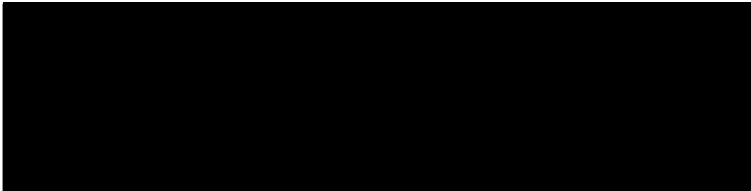
May 22, 2009

California Highway Patrol  
3050 Travis Boulevard  
Fairfield, CA 94534

RE: Traffic Collision Report #09-04-096 – Amendment

Please note that a piece of information on the Traffic Collision Report under “Party 1” is incorrect. The posted speed limit on Dixon Ave W is 55 miles per hour (mph), not 45 mph as noted on the report. Please notate the report accordingly.

Thank you,



SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT NORTHERN SOLANO		LOCAL REPORT NUMBER 09-04-096				
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SOLANO	REPORTING DISTRICT		BEAT 30	DAY OF WEEK TUESDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON: DIXON AVE W				MO 04	DAY 14	YEAR 2009	TIME (2400) 0300	NCIC # 9365	OFFICER I.D. 018015	
	MILEPOST INFORMATION:				GPS COORDINATES LATITUDE		LONGITUDE		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE		
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: .1 MILE(S) EAST OF MERIDIAN RD N				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G		VEH. YEAR 2008	MAKE / MODEL / COLOR FORD FOCUS BLU	LICENSE NUMBER	STATE CA	
DRIVER	NAME(FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER				
PEDES-TRIAN	STREET ADDRESS				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP DIXON CA				DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-04	WEIGHT 108	BIRTHDATE MO DAY YEAR	RACE H	JED'S - (707)678-2243			
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECH. DEFECTS		<input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE				
	INSURANCE CARRIER STATE FARM		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE: 01				
	DIR OF TRAVEL W		ON STREET OR HIGHWAY DIXON AVE W		SPEED LIMIT 45 55		DESCRIBE VEHICLE DAMAGE UNK MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> MINOR ROLL-OVER		SHADE IN DAMAGED AREA TP/VLY		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME(FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER				
PEDES-TRIAN	STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE				
	INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		
	DESCRIBE VEHICLE DAMAGE UNK MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR ROLL-OVER		SHADE IN DAMAGED AREA		CA		DOT		CAL-T TCP/PSC MC/MX		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME(FIRST, MIDDLE, LAST)				OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER				
PEDES-TRIAN	STREET ADDRESS				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE				
	INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		
	DESCRIBE VEHICLE DAMAGE UNK MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR ROLL-OVER		SHADE IN DAMAGED AREA		CA		DOT		CAL-T TCP/PSC MC/MX		
PREPARER'S NAME G. E. RAMOS 018015				DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		DATE REVIEWED 11/27/09					



DATE OF COLLISION (MO. DAY YEAR) 04/14/2009				TIME(2400) 0300		NCIC # 9365		OFFICER I.D. 018015				NUMBER 09-04-096							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED		
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER							
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	17	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	M	G	0	
NAME / D.O.B. / ADDRESS [REDACTED] VACAVILLE CA [REDACTED] [REDACTED] TELEPHONE [REDACTED]																			
(INJURED ONLY) TRANSPORTED BY:									TAKEN TO:										
DESCRIBE INJURIES:																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																			
(INJURED ONLY) TRANSPORTED BY:									TAKEN TO:										
DESCRIBE INJURIES:																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																			
(INJURED ONLY) TRANSPORTED BY:									TAKEN TO:										
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<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																			
(INJURED ONLY) TRANSPORTED BY:									TAKEN TO:										
DESCRIBE INJURIES:																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																			
(INJURED ONLY) TRANSPORTED BY:									TAKEN TO:										
DESCRIBE INJURIES:																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME G. E. RAMOS				I.D. NUMBER 018015				MO. DAY YEAR 04/14/2009				REVIEWER'S NAME				MO. DAY YEAR			

STATE OF CALIFORNIA  
**SKETCH DIAGRAM**

CHP 555 Page 4 (Rev. 8-97) OPI 042

PAGE 4 OF 6

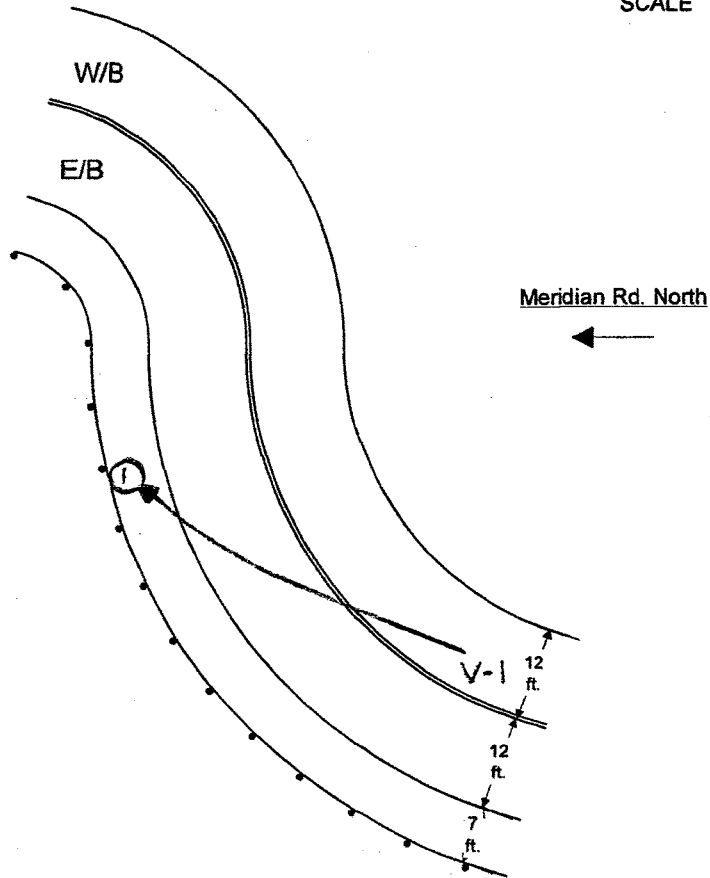
DATE OF INCIDENT 04/14/2009	TIME 0300	NCIC NUMBER 9365	OFFICER I.D. 018015	NUMBER 09-04-096
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )



SKETCH  
 NOT TO  
 SCALE

**Dixon Ave West**



PREPARED BY G. E. RAMOS	I.D. NUMBER 018015	DATE 04/14/2009	REVIEWER'S NAME	DATE
----------------------------	-----------------------	--------------------	-----------------	------

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/14/2009	0300	9365	018015	09-04-096

**1 NOTIFICATION:**

2 I was dispatched to a call of a traffic collision with property damage only at approximately 0301  
3 hours. I responded from I-80 at Midway Road and arrived at the collision scene at approximately  
4 0320 hours. All times, speeds, and measurements in this report are approximate. Measurements  
5 were taken by odometer and visual estimation.

6

**7 STATEMENTS:**

8 *STATEMENTS ARE NOT VERBATIM AND ARE WRITTEN IN SUMMARY FORM. THE STATEMENTS WERE READ*  
9 *BACK TO THE INVOLVED PARTIES FOR VERIFICATION.*

10

11 Party #1 [REDACTED] P1: was contacted at the collision scene and was identified by a valid California  
12 Driver's License. P1 related to me in essence that: He was driving Vehicle #1 (Ford)(V1) on Dixon  
13 Avenue West westbound in the westbound lane at approximately 60 miles per hour with no other  
14 traffic around. P1 related that as he approached a right curve in the roadway, he steered to the  
15 right and slammed on V1's brakes. P1 related that V1 began to skid sideways across the  
16 eastbound lane of traffic and on to the dirt shoulder traveling in a southwesterly direction. P1  
17 related that the front and left side of V1 collided with a guardrail, then went over the guardrail and  
18 down an embankment where V1 came to rest facing in a northwesterly direction.

19

20 Passenger #1 [REDACTED] PS1: was contacted at the collision scene and verbally identified  
21 himself. PS1 related to me in essence that: He was sitting in the front right passenger seat of  
22 Vehicle #1 (Ford)(V1). PS1 related the same information regarding the collision as Party #1  
23 [REDACTED] P1)

24

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. E. RAMOS	018015	04/14/2009		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/14/2009	0300	9365	018015	09-04-096

**1 OPINIONS AND CONCLUSIONS**

2 *THE SUMMARY, AREA OF IMPACT(S) AND CAUSE WERE BASED ON PHYSICAL EVIDENCE, VEHICLE DAMAGE*  
 3 *AND STATEMENTS.*

4

**5 SUMMARY:**

6 Party #1 [REDACTED] (P1) was driving Vehicle #1 (Ford)(V1) on Dixon Avenue West westbound in the  
 7 westbound lane at a stated speed of approximately 60 miles per hour with no other traffic around.  
 8 P1 approached a right curve in the roadway at an unsafe speed for the roadway and slammed on  
 9 V1's brakes as he attempted to steer right. V1 began to skid sideways in a southwesterly  
 10 direction traveling across the eastbound lane and on to the dirt shoulder. The front and left side of  
 11 V1 collided into a guardrail located south of the roadway. V1 then went over the guardrail and  
 12 down an embankment where V1 came to rest facing in a northwesterly direction.

13

**14 AREA OF IMPACT:**

15 A.O.I. #1 (V-1 vs. Guardrail) was located approximately .1 mile east of the east roadway edge  
 16 prolongation of Meridian Road North, and approximately 7 feet south of the south roadway edge  
 17 of Dixon Avenue West.

18

**19 CAUSE:**

20 Party #1 [REDACTED] (P1) caused this collision by driving Vehicle #1 (Ford)(V1) in violation of section  
 21 22350 CVC which states that: no person shall drive a vehicle upon a highway at a speed greater  
 22 than is reasonable or prudent having due regard for weather, visibility, the traffic on, and the  
 23 surface and width of, the highway, and in no event at a speed which endangers the safety of  
 24 persons or property.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. E. RAMOS	018015	04/14/2009		