

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>          To Report Vehicle Safety Defects  <b>1-888-DASH-2-DOT</b>  <b>(1-888-327-4236)</b>  <b>INTERNET:www.nhtsa.dot.gov/hotline</b></p>		FOR AGENCY USE ONLY 100148	
		Date Received APR 1 2 2011 14-MAR-2011	Repository <input type="checkbox"/>  Reference No. 10390108
<b>OWNER INFORMATION (Type or Print)</b>			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City MUNCY VALLEY	State PA	Zip Code [REDACTED]	
<p><i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i></p>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP34N67W [REDACTED]		Make FORD	Model FOCUS
		Model Year 2007	
Date Purchased 16 Nov. 2007	Dealer's Name and Telephone Number The Fairfield Auto Group 570-368-8121		Engine: 2.0L DOHC
Original Owner <input type="checkbox"/>	Dealer's City Montoursville	State PA	Fuel Type: 97 OCTANE GASOLINE
	Zip Code 17754	No: Cylinders 4	
Transmission Type Automatic	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
		Incident Date(s) 14-FEB-2011 28-Feb-2011	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Codes: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION, 180000 VEHICLE SPEED CONTROL		Failure Mileage 26600	Failure Speed
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code	Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		Reported to Police N	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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).			
<p>TL* THE CONTACT OWNS A 2007 FORD FOCUS. THE CONTACT STATED THAT WHEN BRAKING TO A COMPLETE STOP, THE ENGINE WOULD EXHIBIT AN ABNORMAL AND EXCESSIVE INCREASE IN RPMs. THE VEHICLE WAS TAKEN TO THE DEALER WHO RAN A DIAGNOSTIC TEST AND REPROGRAMMED THE PCM TO THE LATEST COLLABORATION. THE DEALER FURTHER TESTED THE VEHICLE AND FOUND THAT THE FAILURE WAS CORRECTED HOWEVER WHEN THE CONTACT RETRIEVED THE VEHICLE FROM THE DEALER, THE FAILURE RECURRED. THE DEALER ADVISED THAT HE WAS UNABLE TO DETERMINE WHY THE FAILURE RECURRED. THE MANUFACTURER WAS CONTACTED BUT OFFERED NO ASSISTANCE. THE VEHICLE WAS NOT FURTHER REPAIRED. THE FAILURE MILEAGE WAS 26,600.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			



J. Murray Motor Company, Inc.  
 85 Griffith Road  
 Muncy, PA 17756  
 (570) 546-2222  
 Fax: (570) 546-2536  
 www.murraymotorgroup.com

INVOICE NO. 43837	CUSTOMER NO. 1 F A F P 3 4 N 6 7 W	PO.#	CUSTOMER NAME	DATE 02/15/11
2007	FORD	FOCUS SE/S	O	09:26
26491	26493	00/00/00	PA	11:08
			MUNCY VALLEY PA	02/15/11
			H: ( ) - W: ( ) -	TAMMY

(1) CHECK CUSTOMER STATES WHEN APPLY BRAKES  
 ENGINE REVS UP, WHEN OUT INTO PARK ENGINE REVS UP  
 ALL HAPPENS WHEN WARM  
 ROAD TESTED CHECKED OPERATION, BRAKE PEDAL, SHIFTER LEVER OK, CHECKED THROTTLE CABLE OK, CRUISE CABLE, CHECKED FOR CODES P0219 MEMORY PINPOINT TEST, CHECKED IAC OK, REPROGRAMMED THE PCM TO THE LATEST CALIBRATION, ROAD TESTED AGAIN OK  
 CHECKED OASIS OK  
 (03- KILMER-) A

Labor	T03	69.00
Total Labor		69.00
Total Repair (Customer)		69.00

*pd*  
*Disc*  
*2/15/11*  
*(signature)*

Next Service JUL '11 Lube-Oil-Filter

DISCLAIMER OF WARRANTIES Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.	TERMS No returns on electrical or special order items. Restocking charge applied on all merchandise returned for credit or refund. No returns after 30 days or without this invoice.
<input checked="" type="checkbox"/> CUSTOMER SIGNATURE	

.00	.00 Labor	69.00
.00	.00 Parts	.00
.00	.00 Sublet	.00
.00	.00 Waste Dispos	.00
.00	.00 Oil/Grease	.00
.00	.00 Sub Total	69.00
.00	.00 Tax	4.14
.00	.00 Total (Cash)	73.14

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