


DEC 20 2013

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>                  To Report Vehicle Safety Defects                  1-888-DASH-2-DOT                  (1-888-327-4236)                  INTERNET:www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148	
		Date Received 11-SEP-2013	Repository <input type="checkbox"/> Reference No. 10543064
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	Evening Telephone Number
EAST NORTHPORT	NY		
<p>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).</p>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAHP34N37W		Make FORD	Model FOCUS
		Model Year 2007	
Date Purchased 11/11	Dealer's Name and Telephone Number Private Owner		Engine: No: Cylinders 4
Original Owner <input type="checkbox"/>	Dealer's City	State NY	Fuel Type: Gas
		Zip Code 11731	
Transmission Type Auto	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 03-SEP-2013
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage 18000	Failure Speed 40
<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: DOTM19ABC036)	<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> (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
		Reported to Police N	
<p><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>			
<p>TL* THE CONTACT OWNS A 2007 FORD FOCUS. THE CONTACT STATED THAT WHILE DRIVING 40 MPH, THE AIR BAG WARNING LIGHT ILLUMINATED. THE CONTACT TOOK THE VEHICLE TO A LOCAL MECHANIC, WHO STATED THAT THE AIR BAG FAILURE WAS CAUSED BY AN ELECTRICAL ISSUE AND ADVISED THE CONTACT TO TAKE THE VEHICLE TO THE DEALER. THE CONTACT TOOK THE VEHICLE TO THE DEALER FOR A DIAGNOSTIC TEST. THE DEALER STATED THAT THE AIR BAG WOULD NOT INFLATE IF THE VEHICLE WAS INVOLVED IN A CRASH. THE CONTACT CALLED THE MANUFACTURER AND FILED A COMPLAINT. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 18,000.</p> <p>Vehicle was repaired on 9/11/13. Copy of the invoice is enclosed.</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 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>			

CUSTOMER #: 2663465

68730



\*INVOICE\*

440 JERICHO TPKE  
ST. JAMES, NY 11780  
SERVICE (631) 265-2688  
FAX (631) 265-3249  
www.FordofSmithtown.com

PAGE 1

EAST NORTHPORT, NY  
HOME  
BUS:

CONT:  
CELL:

SERVICE ADVISOR: 5555 CHRIS NASTASI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	07	FORD FOCUS	1FAHP34N37W		18121/18121	T276	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN07 DD			17:00 09SEP13			CASH	11SEP13
R.O. OPENED	READY	OPTIONS: DLR:13D098 ENG:2.0_Liter_DOHC					
09:52 09SEP13	15:12 11SEP13						
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

A C/S THE AIRBAG LIGHT IS ON  
D SEE TECH COMMENTS

8069 ZELAZNY, CHRIS LIC#: 112B  
CF

1 6S4Z\*10849\*DA INSTRUMENT CLUSTER 342.35 650.00 0.00 992.35

PARTS: 342.35 LABOR: 650.00 OTHER: 0.00 TOTAL LINE A: 992.35

18121 VERIFIED CONCERN, PERFORM SELF TEST HAS CODES B1868, B1932.  
PERFORM PINPOINT TEST .NEEDS CLUSTER. ALSO HAS HIGH RESISTANCE IN  
DRIVERS AIR BAG CIRCUIT: REPLACED CLUSTER AND REPROGRAM NEW CLUSTER AND  
2 PATS KEYS. REMOVED DRIVERS AIRBAG, REPAIR CONNECTOR , CLEAN AND ADD  
DYELECTRIC GREASE . CLEARED CODES RETEST GOOD TO GO.

B PERFORM MULTIPOINT INSPECTION FILL ATW QUALITY CARE REPORT CARD  
99P PERFORM MULTIPOINT INSPECTION FILL ATW  
QUALITY CARE REPORT CARD

8069 ZELAZNY, CHRIS LIC#: 112B  
IFSP

GBK BRAKE LINING OVER 5MM DISC OR 2MM DRUM  
8069 ZELAZNY, CHRIS LIC#: 112B  
IFSP

GTIRE TIRE TREAD 7/32 OR BETTER  
8069 ZELAZNY, CHRIS LIC#: 112B  
IFSP

GBATT GREEN BATTERY  
8069 ZELAZNY, CHRIS LIC#: 112B  
IFSP

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00  
18121 MULTI:

All warranties on this product are the manufacturer's. FORD OF SMITHTOWN hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and FORD OF SMITHTOWN neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the product. This disclaimer by FORD OF SMITHTOWN in no way affects the terms of the manufacturer's warranty. All repairs cash, certified check or approved credit card. A change based on mechanic's time and parts will be made for diagnostic service if the vehicle is returned without item(s) being repaired. These repairs are covered by a limited warranty, labor and parts 12 months or 12,000 miles, whichever comes first. Seller hereby limits implied warranties to the same period.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

X \_\_\_\_\_ Customer Signature: Acknowledges Receipt of Copy

NYS \* M/V-R/S REG. NO.# 710421

EAST NORTHPORT, NY  
 HOME:  
 BUS:

CONT:  
 CELL:

ST. JAMES, NY 11780  
 SERVICE (631) 265-2688  
 FAX (631) 265-3249  
 www.FordofSmithtown.com

SERVICE ADVISOR: 5555 CHRIS NASTASI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAC	
	07	FORD FOCUS	1FAHP34N37W		18121/18121	T276	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN07 DD			17:00 09SEP13			CASH	11SEP13
R.O. OPENED	READY	OPTIONS: DLR:13D098 ENG:2.0_Liter_DOHC					
09:52 09SEP13	15:12 11SEP13						
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

THANK YOU FOR GIVING OUR TEAM AT FORD LINCOLN MERCURY OF SMITHTOWN THE OPPORTUNITY TO PROVIDE THE NEEDED SERVICE TO YOUR VEHICLE WE ARE COMMITED TO OUR CUSTOMERS AND TRY TO PROVIDE THE BEST SERVICE. IF FOR ANY REASON YOU ARE NOT SATISFIED PLEASE CONTACT OUR SERVICE DIRECTOR HAROLD BRUST



All warranties on this product are the manufacturer's. FORD OF SMITHTOWN hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and FORD OF SMITHTOWN neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the product. This disclaimer by FORD OF SMITHTOWN in no way affects the terms of the manufacturer's warranty. All repairs cash, certified check or approved credit card. A change based on mechanic's time and parts will be made for diagnostic service if the vehicle is returned without item(s) being repaired. These repairs are covered by a limited warranty, labor and parts 12 months or 12,000 miles, whichever comes first. Seller hereby limits implied warranties to the same period.

DESCRIPTION	TOTALS
LABOR AMOUNT	650.00
PARTS AMOUNT	342.35
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	992.35
LESS INSURANCE	0.00
SALES TAX	85.59
<b>PLEASE PAY THIS AMOUNT</b>	<b>1077.94</b>

X \_\_\_\_\_ Customer Signature: Acknowledges Receipt of Copy

Multi-Point Inspection

Name: IFAD 34W37W

Mail Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ RD/Tag: \_\_\_\_\_ State Inspec. Month: \_\_\_\_\_

Make/Model/Year: \_\_\_\_\_ Mileage: 8121

VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_

SCHEDULED MAINTENANCE ITEMS DUE			
DUE	SERVICED	DUE	SERVICED
<input type="checkbox"/> THE WORKS FUEL SAVER PACKAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/> Engine Air Filter	<input checked="" type="checkbox"/>
<input type="checkbox"/> Oil Change & Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> Engine Coolant	<input type="checkbox"/>
<input type="checkbox"/> Tire Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Transmission Fluid &/or Filter	<input type="checkbox"/>
<input type="checkbox"/> Multi-Point Inspection	<input type="checkbox"/>	<input type="checkbox"/> Cabin Air Filter	<input checked="" type="checkbox"/>
<input type="checkbox"/> Fuel Filter	<input type="checkbox"/>	<input type="checkbox"/> Spark Plugs	<input checked="" type="checkbox"/>

\*This is only a partial list of vehicle maintenance items and is NOT all-inclusive. Please consult your Owners Manual or visit [www.genuineservice.com](http://www.genuineservice.com) for vehicle specific maintenance requirements.

CHECK FLUID LEVELS AND FILL			
OK	FILL	OK	FILL
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BATTERY**

State of Health:

Battery Condition:

Factory spec cold cranking amps:  Actual cold cranking amps:

**EXTERIOR BODY**

Note any existing exterior body damage or defects on diagram

**SYNC VEHICLE HEALTH REPORT (VHR)** ACTIVATED

VHR Activation  Yes  No  N/A

LEGEND:  May contribute to vehicle efficiency and promote a greener environment

Checked and OK at this time  May require future attention  Requires immediate attention

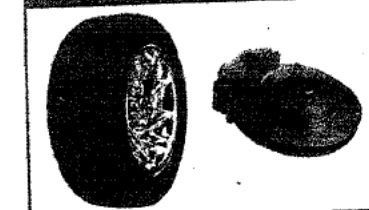
CHECK FOLLOWING SYSTEMS/COMPONENTS	SERVICED
<b>BRAKE SYSTEM</b>	
<input type="checkbox"/> Brake system (including lines, hoses, and parking brake)	<input type="checkbox"/>
<b>STEERING AND SUSPENSION</b>	
<input type="checkbox"/> Shocks/struts and other suspension components for leaks and/or damage	<input type="checkbox"/>
<input type="checkbox"/> Steering, steering linkages and ball joints	<input type="checkbox"/>
<b>EXHAUST SYSTEM</b>	
<input type="checkbox"/> Exhaust system (leaks, damage, loose parts)	<input type="checkbox"/>
<b>TRANSMISSION AND DRIVE AXLE</b>	
<input type="checkbox"/> Clutch operation (if equipped)	<input type="checkbox"/>
<input type="checkbox"/> Constant velocity (CV) drive axle boots (if equipped)	<input type="checkbox"/>
<input type="checkbox"/> Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)	<input type="checkbox"/>
<b>LIGHTS/BLADES/WINDSHIELD</b>	
<input type="checkbox"/> Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps	<input type="checkbox"/>
<input type="checkbox"/> Windshield washer spray, wiper operation and wiper blades	<input type="checkbox"/>
<input type="checkbox"/> Windshield for cracks, chips and pitting	<input type="checkbox"/>
<b>BELTS/HOSES/MOUNTS</b>	
<input type="checkbox"/> HVAC system and hoses/lines for leaks and/or damage	<input type="checkbox"/>
<input type="checkbox"/> Engine Cooling System, radiator, hoses and clamps	<input type="checkbox"/>
<input type="checkbox"/> Accessory drive belt(s)	<input type="checkbox"/>

**TIRE/BRAKE WEAR**

TIRE TREAD:  7/32" and greater  4/32" to 6/32"  3/32" and less

BRAKE LINING:  Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)  3 to 5mm or 4/32" to 7/32" (Disc) or 1.91 to 2mm (Drum) or 2/32" to 2/32"  Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)

LEFT FRONT	SERVICED	RIGHT FRONT	SERVICED
<input checked="" type="checkbox"/> Tire Tread Depth <u>7/32"</u> Tire Age <u>    </u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>7/32"</u> Tire Age <u>    </u>	<input type="checkbox"/>
<input type="checkbox"/> Tire Wear Pattern/Damage	<input type="checkbox"/>	<input type="checkbox"/> Tire Wear Pattern/Damage	<input type="checkbox"/>
<input type="checkbox"/> Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>	<input type="checkbox"/> Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>
<input type="checkbox"/> Brake Lining <u>    </u> mm <u>7/32"</u>	<input type="checkbox"/>	<input type="checkbox"/> Brake Lining <u>    </u> mm <u>7/32"</u>	<input type="checkbox"/>
LEFT REAR	SERVICED	RIGHT REAR	SERVICED
<input checked="" type="checkbox"/> Tire Tread Depth <u>7/32"</u> Tire Age <u>    </u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>7/32"</u> Tire Age <u>    </u>	<input type="checkbox"/>
<input type="checkbox"/> Tire Wear Pattern/Damage	<input type="checkbox"/>	<input type="checkbox"/> Tire Wear Pattern/Damage	<input type="checkbox"/>
<input type="checkbox"/> Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>	<input type="checkbox"/> Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>
<input type="checkbox"/> Brake Lining <u>    </u> mm <u>7/32"</u>	<input type="checkbox"/>	<input type="checkbox"/> Brake Lining <u>    </u> mm <u>7/32"</u>	<input type="checkbox"/>
SPARE TIRE	SERVICED		
<input checked="" type="checkbox"/> Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>		



**TIRE WEAR INDICATES:**

Alignment check needed

Wheel balance needed

Tire repair needed

Brake measurements not taken this service visit

**TIRE RECALLS**

Check for open tire recalls

Comments: \_\_\_\_\_

Advisor: Tech: 1-2

Customer Signature: \_\_\_\_\_

Customer Copy

Be sure to visit [FordOwner.com](http://FordOwner.com) today!