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	Repository ☐
04-NOV-2013	Reference No. 10550785

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number [redacted]	
City PORT CHARLETTE	State FL	Zip Code [redacted]	

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3FA6P0G79ER[redacted]	FORD	~~FOCUS~~ FUSION	2014

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
10-16-13	CHARLOTTE COUNTY FORD	941-625-6141	4	REG
Original Owner ☐	Dealer's City	State / Zip Code		

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☒ Antilock Brakes ☐ Cruise Control			18-OCT-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	29	4MPH

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 Yes

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 2014 FORD FUSION. THE CONTACT STATED WHILE PARKING THE VEHICLE IT SURGED FORWARD ACROSS THE PARKING MEDIUM AND CRASHED INTO A PARKED VEHICLE. THE VEHICLE WAS TOWED TO THE DEALER; HOWEVER, THE DIAGNOSTIC TEST DID NOT DETERMINE THE FAILURE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FRONT END OF THE VEHICLE WAS REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 29.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Went To Move vehicle AND IT Lunged Forward For no Reason. I use Two Feet To Drive, MANUAL Stated IF You use BOTH Feet Power will CUT OFF. INSTEAD IT GAINED Power? Brake would NOT STOP Vehicle, UNTILL I HIT other Car. Repair To MY Vehicle was $2500.00 (WAS INSURED) MANUAL ALSO STATED This was LISTED UNDER AUTO TRANSMISSION PROBLEM.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation
National Highway Traffic Safety Administration
ey Avenue SE.
C. 20077-9382

Official Business
Penalty for Private Use $300

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12 DEC 2013 PM 7 T

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382