

MAY 19 2014

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  |                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <b>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)</b><br><b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                          |  |                                                                                      |  | FOR AGENCY USE ONLY 100148                                                                      |  |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                      |  | Date Received<br>27-MAR-2014                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  | Repository <input type="checkbox"/><br>Reference No.<br>10575148                                |  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                      |  |                                                                                                 |  |
| Name <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                      |  | Daytime Telephone Number <span style="background-color: black; color: black;">[REDACTED]</span> |  |
| Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                      |  | E-mail Address                                                                                  |  |
| City TOMS RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State NJ                                                                             |  | Zip Code <span style="background-color: black; color: black;">[REDACTED]</span>                 |  |
| Evening Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                      |  |                                                                                                 |  |
| 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).                                                                                                                                                                                                                                                                   |  |                                                                                      |  |                                                                                                 |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                      |  |                                                                                                 |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                      |  | Make FORD                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  | Model FOCUS                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  | Model Year 2011                                                                                 |  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Dealer's Name and Telephone Number                                                   |  | Engine:<br>No: Cylinders                                                                        |  |
| Original Owner <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Dealer's City                                                                        |  | Fuel Type:                                                                                      |  |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Zip Code                                                                             |  |                                                                                                 |  |
| Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Powertrain                                                                           |  | Multiple Failure:                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  | Incident Date(s)<br>25-MAR-2014                                                                 |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                      |  |                                                                                                 |  |
| Vehicle Component Code: 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                      |  | Failure Mileage                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  | 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: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Original Equipment<br><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><br>(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 1                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  | Number of Deaths 0                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                      |  | Reported to Police Y                                                                            |  |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 2011 FORD FOCUS. THE CONTACT WAS TRAVELING AT AN UNKNOWN SPEED AND CRASHED INTO ANOTHER VEHICLE. THE AIR BAG DEPLOYED, BUT DID NOT INFLATE PROPERLY AND THE CONTACT SUSTAINED A FRACTURED BREAST PLATE. A POLICE REPORT WAS FILED OF THE INCIDENT. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT CONTACTED ABOUT THE FAILURE. THE FAILURE MILEAGE AND VIN WAS NOT AVAILABLE.                                                                                                                                                           |  |                                                                                      |  |                                                                                                 |  |
| YES THEY WEREN'T CONTACTED. BUT DENIED OF ANY DEFECT WITH THEIR PRODUCT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                      |  |                                                                                                 |  |
| PLEASE SEE PICTURE OF AIR BAG ATTACHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                      |  |                                                                                                 |  |
| 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. |  |                                                                                      |  |                                                                                                 |  |

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



PLEASE SEE ATTACHED PHOTO OF AIR BAG.

IF YOU NEED ANY ADDITIONAL INFO FROM ME PLEASE DO NOT  
HESITATE TO CALL [REDACTED] PLEASE LEAVE A MESSAGE.  
I WILL RETURN YOUR CALL.

I HAVE NEVER CAUSED AN ACCIDENT OR HARM TO OTHERS IN MY  
68 YEARS. DRIVING 51 YEARS SINCE THE AGE OF 17.  
STOP AND GO TRAFFIC. 7:40 AM ON MY WAY TO WORK. TRUCK STOPPED  
SHORT AFTER IT STARTED TO MOVE. I COULD NOT SEE OVER THE TRUCK  
THROUGH IT OR AROUND IT. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

TRENTON

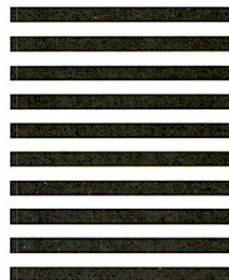
NO 085

07 MAY '14

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**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



**safecar.gov**

**Think your vehicle  
has a safety defect?**



**If so:  
Use the enclosed  
form to file a report.**

**or visit:  
[www.safecar.gov](http://www.safecar.gov)**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



[REDACTED] REFERENCE # 10575148

BUMPER TO BUMPER TRAVIC. NO SPEED INVOLVED,  
I CONTACTED FORD BUT DENIED THERE WAS NO  
DEFECT WITH THE AIR BAG.

THE AIR BAG DID NOT PROTECT ME IT POPPED  
OUT OF STEERING WHEEL BUT DID NOT STAY  
INFLATED TO PROTECT ME FROM THE IMPACT.

ANY QUESTIONS PLEASE CALL [REDACTED]  
THANK YOU FOR ANY HELP YOU CAN OFFER.  
[REDACTED]