 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 12-MAY-2015 JUN 19 2015		Repository <input type="checkbox"/> Reference No. 10716008
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
HUDSON	OH			
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
1FADP3F24EL		FORD	FOCUS	2014
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
3/30/15	Liberty Ford 440-248-1550		No: Cylinders	
Original Owner	Dealer's City	State	Zip Code	
<input type="checkbox"/>	Solon	OH	44135	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input checked="" type="checkbox"/> Cruise Control			12-MAY-2015 / 6/1/15
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: ENGINE (PWS)			Failure Mileage	Failure Speed
			266	40/30
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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N
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 FOCUS. THE CONTACT STATED THAT THE VEHICLE STALLED WITHOUT WARNING WHILE DRIVING APPROXIMATELY 40 TO 45 MPH. THE VEHICLE WAS TOWED TO THE DEALER, BUT WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 266. I was told it was the transmission computer module which they replaced. Approximately 100 miles later the same thing happened on the street (going 30 mph) and it was once again towed. They reported they could not figure out the problem and then with guidance from Ford Motor Techs they replaced and adjusted the connectors. They reported it was repaired yet when they test drove it before I arrived, the same thing happened. After 5 days they say they are pretty sure they have now repaired it - that is what they said each time. I feel unsafe and do not feel as though I can drive this car without fearing another incident.				
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)

Each time this happened I had grand children in the car and now they and their parents don't want them in the car.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

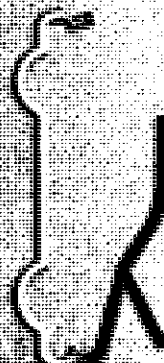
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC
POSTAGE WILL BE PAID BY ADDRESSEE



**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**



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit: **www.safercar.gov**

or call: **888-327-4236**

Vehicle Safety Hotline

