

 <p align="center">DOT Auto Safety Hotline</p> <p align="center">Vehicle Owner's Questionnaire 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 10-JUN-2015 AUG 07 2015	Repository <input type="checkbox"/> Reference No. 10724533
OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	JAMESTOWN	State	NY
		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>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAHP35N88W [REDACTED]	FORD	FOCUS	2008
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
3-25-09	Warren Midtown Motors. 1-814-723-5400	No: Cylinders	gas.
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
	Warren, PA	PA	16365
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			12-JAN-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 110000 ELECTRICAL SYSTEM		Failure Mileage	Failure Speed
		58707	
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 <input type="checkbox"/> 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 <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
		0	0
		Reported to Police	
		N	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 2008 FORD FOCUS. THE CONTACT STATED THAT THE VEHICLE FAILED TO START. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE IGNITION NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE ISSUE. THE FAILURE MILEAGE WAS 58,707.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>			
<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>			

Tanners Garage

226 Steele St.

JAMESTOWN, NY 14701

Shop Phone: (716) 664-7340

Fax: (716) 664-1609

Email: munger4g63@gmail.com

Invoice

[Redacted]

Estimate Ref: [Redacted]

Date Printed: 06/17/2015

Printed Time: 7:05 pm

SHOP ID 7117135

Ha/Ref:

WELCOME TO TANNERS GARAGE

Time Promised:

2008 FORD F-150 FX4 V8 5.4L 330CID FI FLEX N V

VIN:

License:

Mileage In: 58,924

Date Written: 06/17/2015

Home:

Unit #:

Mileage Out: 58,924

Written By: ROBERT GARLAND

Cell:

DOM:

Save Old Parts: No

Job Name	Description	Technician	Qty	List	Extended
Job #1	WON'T START				
Labor 60	Work Requested - WON'T START		1.00	60.00	60.00
	Work Performed - REPLACED IGNITION SWITCH				
Part	IGNITION SWITCH		1.00	140.00	140.00

PARTS AND LABOR WARRANTY 1 YEAR, NEGLIGENCE AND ABUSE VOIDS THIS WARRANTY. ANY ENGINES INSTALLED HERE MUST RETURN EVERY 3000 MILES OR 3 MONTHS, WHICHEVER COMES FIRST, OR PROVIDE PROOF OF ROUTINE MAINTIANCE TO KEEP WARRANTY IN EFFECT. THANK YOU WE APPRECIATE YOUR BUSINESS.

Payment Date	Type	Method	Amount
6/17/2015	Credit		215.00
		Payment Totals:	\$215.00

Parts: \$140.00
 Labor: \$60.00
 Sublet: \$0.00
 Misc: \$0.00
 Hazmat: \$0.00
 Supplies: \$0.00

Tax Total: \$15.00
Invoice Total: \$215.00
 Less Paid: 215.00
 Balance Due: \$0.00

ALL WORK IS WARRANTED FOR ONE (1) YEAR. THANK YOU WE APPRECIATE YOUR BUSINESS!!!!

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

Authorized By _____

Date _____

Time _____