


INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

| | | | | | | | |
|---|---|--|---------------------------------------|--|------------------------|--|------------|
|  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 23-JUN-2015 AUG 25 2015 | | Repository <input type="checkbox"/> Reference No. 10726792 | |
| OWNER INFORMATION (Type or Print) | | | | | | | |
| Name | | Address | | City | | State | Zip Code |
| [Redacted] | | [Redacted] | | HOUSTON AUSTIN | | TX | [Redacted] |
| Daytime Telephone Number | | Evening Telephone Number | | E-mail Address | | [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 1FADP3R45EL [Redacted] | | | Make FORD | Model FOCUS ELECTRIC | Model Year 2014 | | |
| Date Purchased 8/15/2014 | | Dealer's Name and Telephone Number Keith Johnson Ford (512) 454-3711 | | Engine: No: Cylinders | Fuel Type: electric | | |
| Original Owner <input checked="" type="checkbox"/> | | Dealer's City Austin | | State TX | Zip Code 78751 | | |
| Transmission Type automatic | | <input checked="" type="checkbox"/> Antilock Brakes | Powertrain | Multiple Failure: | | Incident Date(s) 20-MAY-2015 13-MAY-2015 | |
| <input checked="" type="checkbox"/> Cruise Control | | | | | | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | | | |
| Vehicle Component Codes: ENGINE (PWS), 110000 ELECTRICAL SYSTEM | | | | Failure Mileage 3950 | Failure Speed 20 | | |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE <i>NA</i> | | | | | | | |
| 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 (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 | | | |
| 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 ELECTRIC. WHILE DRIVING AT APPROXIMATELY 20 MPH, THE ENGINE STALLED WITHOUT WARNING. THE FAILURE OCCURRED ON SEVERAL OCCASIONS. THE VEHICLE WAS TOWED TO THE DEALER, BUT WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 3,950. ON FIRST OCCASION (May 13), car would not start & powertrain failure light came on. Dealership diagnosed loose wire to electric battery & returned to me. On May 20, I had just driven a few blocks, when car lost all power, including to steering wheel. Dealership diagnosed electric battery failure. The | | | | | | | |
| 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. | | | | | | | |

battery has been shipped to Ford & is still there as of today's date: 7-21-15.
8-12-15.

CUSTOMER #



INVOICE

PAGE 1

AUSTIN, TX

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 7217 JASON HART

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
|-------|------|------------|-------------|---------|------------------|-----|
| BLU | 14 | FORD FOCUS | 1FADP3R45E1 | | 3949/3949 | |

| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV. DATE |
|------------|------------|------------|---------------|--------|--------|---------|-----------|
| 14AUG14 IS | | | | | | | |
| 14AUG14 DD | | | 18:00 13MAY15 | | 115.00 | CASH | 15MAY15 |

| R.O. OPENED | READY | OPTIONS: | SOLD-STK: | DLR: | ENG:Electric |
|---------------|---------------|----------|-----------|------|--------------|
| 12:49 13MAY15 | 08:24 15MAY15 | TRN:AUTO | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A C/S WRENCH LIGHT CAME ON. CHECK AND ADVISE CAUSE:

02 GAS ENG.DRIVEABLITY 3270 WF (N/C)

FC: PART#: COUNT:

CLAIM TYPE:

AUTH CODE:

008705

| | | | | | | | |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

B QUALITY CARE REPORT CARD--\$32.95 VALUE

00FOZZ99P QUALITY REPORT CARD 3270 CPF 0.00 0.00

| | | | | | | | |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE B: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

The Leif Johnson family wishes to thank you for your business.

You may receive a survey from Ford Motor Co. If for any reason you cannot respond "COMPLETELY SATISFIED" please call our customer support team at 512-454-3767.

| STATEMENT OF DISCLAIMER | TERMS: STRICTLY CASH | NOTICE PURSUANT TO PROPERTY CODE, §70.001 | DESCRIPTION | TOTALS |
|--|---|---|------------------------|--------|
| The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. | I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle 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 vehicle to secure the amount or repairs thereto. | I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR AGREEMENT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS AND COMMERCE CODE, §9.609, IF PAYMENT FOR THE REPAIR OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER, OR A CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE MAKE OR DRAWER OF THE ORDER OR THE CREDIT CARD HOLDER HAS NO ACCOUNT OF THE ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED. | LABOR AMOUNT | 0.00 |
| | | | PARTS AMOUNT | 0.00 |
| | | | GAS, OIL, LUBE | 0.00 |
| | | | SUBLET AMOUNT | 0.00 |
| | | | MISC. CHARGES | 0.00 |
| | | | TOTAL CHARGES | 0.00 |
| | | | LESS INSURANCE | 0.00 |
| | | | SALES TAX | 0.00 |
| | | | PLEASE PAY THIS AMOUNT | 0.00 |



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

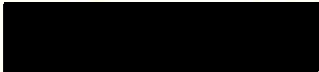
1200 New Jersey Avenue SE
Washington, DC 20590

*rec'd 8-12-15
via email to*



Dear Consumer:

NVS-216rr



As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

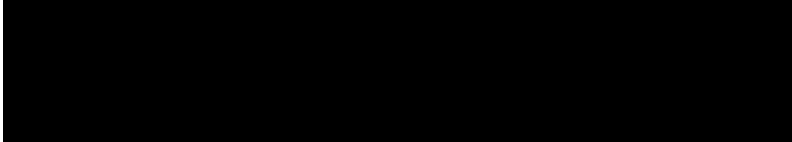
I have already emailed the corrected form to you pursuant to your instructions, but you sent back the same original form without changes.

Sincerely,

Randy Reid
Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Maybe this will work

Enclosure: VOQ



8-12-15

