


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: 08-JUL-2015				Repository <input type="checkbox"/>	
Reference No. 10732805				Daytime Telephone Number: [REDACTED]	
Evening Telephone Number: [REDACTED]				E-mail Address: [REDACTED]	
OWNER INFORMATION (Type or Print)					
Name: [REDACTED]					
Address: [REDACTED]					
City: SALEM		State: OR		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: 1FADP3F23EL [REDACTED]		Make: FORD		Model: FOCUS	Model Year: 2014
Date Purchased: 10-1-2014	Dealer's Name and Telephone Number: S. Kyline Ford 503 399 7356			Engine: No: Cylinders	Fuel Type: GAS
Original Owner: <input checked="" type="checkbox"/>	Dealer's City: Salem		State: OR	Zip Code: 97305	
Transmission Type: dual clutch	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain: dual clutch 6 sp "automatic"		Multiple Failure: also 9-18-2015	Incident Date(s): 02-JUL-2015
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 100000 POWER TRAIN, ENGINE (PWS), 110000 ELECTRICAL SYSTEM				Failure Mileage: 21000	Failure Speed: 57 MPH 21 MPH
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: DOTM9ABC036):		<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. WHILE AT A COMPLETE STOP ON AN INCLINE, THE VEHICLE WOULD SOMETIMES ROLL FORWARDS OR BACKWARDS. IN ADDITION, THE VEHICLE WOULD OCCASIONALLY LUNGE FORWARD. THE VEHICLE WOULD ALSO STALL AND THE LIGHTS ON THE INSTRUMENT PANEL AND THE HAZARD LIGHTS WOULD ILLUMINATE. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE COMPUTER ADAPTIVE LEARNING SENSOR NEEDED TO BE ADJUSTED. THE FAILURE RECURRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURES. THE FAILURE MILEAGE WAS 21,000.					
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 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)

More recently, the vehicle has either "missed a shift" from 1st to 2nd, or has "failed to shift" out of 1st gear. This has occurred on 2 occasions. This has put the vehicle at risk of being rear ended as when the car was pulling from a side street + onto a rural highway, it failed to accelerate past 20MPH. The engine revved, but the car failed to speed up. Rear coming traffic had to go around/pass the car as there was no shoulder to ~~put~~ pull the car out of the lane. If the opposing lane was occupied, the rear coming car may have rear ended me. ATTACH ADDITIONAL SHEETS IF NECESSARY after ~ 30 sec the car began to function normally. ODO 26,421 miles 9-18-2015

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

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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: Vehicle Safety Hotline 888-327-4236



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