



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  
JAN 12 2016

Repository

12-NOV-2015

Reference No.  
10789974

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City SHARON

State PA

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number  
*none at home*

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

1FAHP3GN9AW [REDACTED]

Make

FORD

Model

FOCUS

Model Year

2010

Date Purchased

12/23/13

Dealer's Name and Telephone Number

*New Wellington auto sales*

Engine:

No: Cylinders

Fuel Type:

*87 oct*

Original Owner

Dealer's City

*New Wellington*

State

*Pa*

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Multiple Failure:

Incident Date(s)

05-OCT-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 110000 ELECTRICAL SYSTEM

Failure Mileage  
63840

Failure Speed  
*0*

**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)

Original Equipment  
 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

Yes  No

Fire

Yes  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 2010 FORD FOCUS. WHILE PARKED, THE VEHICLE WAS NOT ABLE TO START. THE CONTACT MENTIONED THAT IT TOOK MULTIPLE ATTEMPTS TO START THE VEHICLE. THE FAILURE RECURRED INTERMITTENTLY. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT WAS DIAGNOSED THAT THE IGNITION SWITCH FAILED AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 63,840. UPDATED 12/01/15\* LJ

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)

the information on the other side is correct and I was hoping to hear from someone on a reimbursement this is a safety item and some people have a recall on this item of ignition failure. \$500 is quite a some of money for a return.

Thank you

a copy of invoice was already sent in #557.49

ADD ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

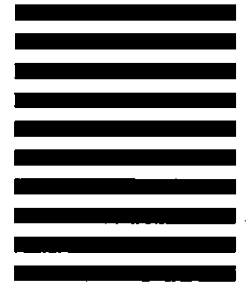
1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

PITTSBURGH PA 150 21 DEC 15 FW 3 1



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-210/100 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 Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration

# Preston of Sharon

CUSTOMER #: [REDACTED]

\*INVOICE\*



1251 EAST STATE ST.  
SHARON, PA 16146  
(724) 981-8140  
1-800-772-8197  
www.prestonsharon.com

SHARON, PA

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HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 146 JEFF MALIZIA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE / REG. #	MILEAGE IN / OUT	TAG	
RED	10	FORD FOCUS	1FAHP3GN9AW [REDACTED]		63840/63840		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT	INV. DATE
01JAN10 DD			17:00 03OCT15			CASH	05OCT15
R.O. OPENED	READY	OPTIONS:	DLR: [REDACTED]	ENG: 2.0 Liter			
08:57 03OCT15	08:18 05OCT15						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOEMR STATES WONT START ALL THE TIME, LAST TIME HE LOCKED STEERING WHEEL TO GET IT TO START							
MM REPLACED KEY CYLINDER AND REPROGRAMMED TWO KEYS							
	12	CM		3.00		311.88	311.88
	1	5S4Z*11582*BB	LOCK ASY - STEERING AND IGNITI		159.06	159.06	159.06
	1	MISC	KEY BLANK		5.00	5.00	5.00
	2	MISC	PATS KEY		25.00	25.00	50.00
PARTS:	214.06	LABOR:	311.88	OTHER:	0.00	TOTAL LINE A:	525.94

\*\*\*\*\*

WE APPRECIATE YOUR BUSINESS

*MHTSD  
Employee  
11/12/15  
10789974*

*pd* [REDACTED]

**WARRANTY DISCLAIMER:** ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR PRODUCTS OR THE REPAIR. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	311.88
PARTS AMOUNT	214.06
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	525.94
LESS ADJ / DIS	0.00
SALES TAX	31.55
PLEASE PAY THIS AMOUNT	557.49

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE