


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 <b>Vehicle Owner's Questionnaire</b> 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 APR 08 2016 09-FEB-2016			Repository <input type="checkbox"/> Reference No. 10825042					
<b>OWNER INFORMATION (Type or Print)</b>														
Name			Address			City			State			Zip Code		
[REDACTED]			[REDACTED]			GREEN BAY			WI			[REDACTED]		
Daytime Telephone Number			Evening Telephone Number			E-mail Address								
[REDACTED]			[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).														
<b>VEHICLE INFORMATION</b>														
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side						Make		Model		Model Year				
1FADP3F22EL [REDACTED]						FORD		FOCUS		2014				
Date Purchased			Dealer's Name and Telephone Number						Engine:		Fuel Type:			
									No: Cylinders					
Original Owner			Dealer's City			State		Zip Code						
<input type="checkbox"/>														
Transmission Type		<input type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:			Incident Date(s)					
		<input type="checkbox"/> Cruise Control							10-JUL-2014					
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>														
Vehicle Component Code: 100000 POWER TRAIN								Failure Mileage		Failure Speed				
								106						
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>														
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:								
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>														
Make:			Date Manufactured:			Model No./Name:								
Seat Type:			Installation System:											
Child Seat Component Code:			Failed Part:											
<b>APPLICABLE INCIDENT INFORMATION</b> (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						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 DEPRESSING THE ACCELERATOR PEDAL, THE VEHICLE DID NOT SHIFT INTO ANY GEAR AND THE ENGINE REVVED HIGHLY AND CAUSED THE TRANSMISSION TO SLIP. THE FAILURE RECURRED NUMEROUS TIMES. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT WAS DIAGNOSED THAT THE CLUTCH NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 106.														
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)

To whomever:

Ford motor company fixed my car by putting a new clutch in at Broadway Ford Green Bay, WI. Document 1

Document 2 Shows I still had concerns about new clutch. I Drove my car with Service Manager Clint He explained 1-6 transmission to me and what to watch out for in the future.

Lord willing this will be good for a long time.

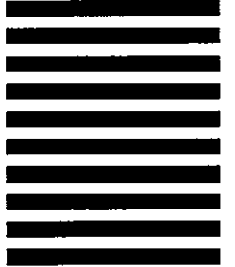
ATTACH ADDITIONAL SHEETS IF NECESSARY

Broadway Ford and Ford motor company kept there word and were very kind. [Redacted] 3-28-2016

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



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, NEF-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](http://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

CUSTOMER #: [REDACTED]

①

[REDACTED]

# Broadway AUTOMOTIVE

1010 S. Military Ave., P.O. Box 11567  
Green Bay, WI 54307-1567  
(920) 499-3131  
www.BroadwayAutomotive.com

\*INVOICE\*

GREEN BAY, WI [REDACTED]  
HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

PAGE 1

SERVICE ADVISOR: 1467 DARIN GRIEGER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
Z9/Blue	14	FORD FOCUS	1FADP3F22EL [REDACTED]		16045/16047	T945	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
07JUL14 DD			18:00 01MAR16		0.00	CASH	01MAR16
R.O. OPENED	READY	OPTIONS:	SOLD-STK: [REDACTED] ENG:2.0_Liter_GDI				

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

A CUSTOMER STATES VEHICLE IS SHUTTERING WHEN TAKING OFF. CHECK AND ADVISE

CAUSE: 42, CLUTCH SHUDDER PRESENT  
90 AUTOMATIC TRANSMISSION  
1914 WF (N/C)  
1 BV6Z\*7B546\*F CLUTCH ASY (N/C)  
1 EV6Z\*7052\*A SEAL ASY - OIL (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00  
16047 42, CLUTCH SHUDDER PRESENT REMOVED TRANSMISSION, REPLACED CLUTCH ASSEMBLY VIA PREVIOUS DIAGNOSIS, REINSTALLED TRANSMISSION, VERIFIED PCM AND TCM PROGRAMMING, PERFORMED TRANSMISSION ADAPTIVE LEARNING, TEST DROVE AND VERIFIED REPAIR

B PERFORM 25 MULTI-POINT INSPECTION  
99P PERFORM 25 MULTI-POINT INSPECTION  
1914 ISP (N/C)  
GBATT Battery condition is good.  
1914 ISP (N/C)  
GBK Brake linnings are OK at this time.  
1914 ISP (N/C)  
GTIRE Tire tread and wear is OK at this time.  
1914 ISP (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00  
16047 PERFORMED MULTIPOINT INSPECTION

C PERFORM FOUR WHEEL BRAKE INSPECTION  
31 PERFORM FOUR WHEEL BRAKE INSPECTION  
1914 ISP (N/C)  
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00  
16047 PERFORMED BRAKE INSPECTION, FOUND NO CONCERNS AT THIS TIME

D CUSTOMER REQUESTS RENTAL VEHICLE  
CAUSE: LOANER VEHICLE GIVEN DURING REPAIRS  
183 CUSTOMER REQUESTS RENTAL VEHICLE

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

\*Any warranties on the products sold hereby are those made by the manufacturer. The seller (above named dealership) hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or 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 said products.\*

\*Motor vehicle repair trade practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.\*

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

CUSTOMER #:

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GREEN BAY, WI

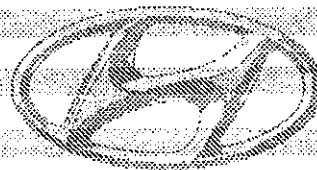
PAGE 2

HOME: CONT:  
BUS: CELL:

SERVICE ADVISOR: 1467 DARIN GRIEGER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
Z9/Blue	14	FORD FOCUS	1FADP3F22EL		16045/16047	T945	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
07JUL14 DD			18:00 01MAR16		0.00	CASH	01MAR16
R.O. OPENED	READY	OPTIONS:	SOLD-STK: ENG:2.0_Liter_GDI				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
		9999	WF				(N/C)
SUBL RENTAL PO#							(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D:							0.00



## HYUNDAI

### THANK YOU!

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DESCRIPTION	TOTALS
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

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

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CUSTOMER #:

2

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\*INVOICE\*

PAGE 1

GREEN BAY, WI

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 1467 DARIN GRIEGER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
Z9/Blue	14	FORD FOCUS	1FADP3F22E1		16573/16573	TD	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
07JUL14 DD			18:00 22MAR16		0.00	CASH	22MAR16
R.O. OPENED	READY	OPTIONS:	SOLD-STK:	ENG:			
10:35 22MAR16	10:39 22MAR16			2.0 Liter GDI			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES TRANSMISSION WAS REPLACED, STILL "STILL SLIPPING ALL OVER THE PLACE"

90 AUTOMATIC TRANSMISSION

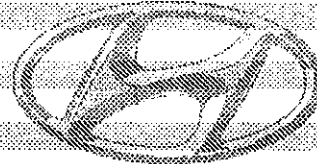
9999 WF

(N/C)

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

16573 CUSTOMER WENT FOR RIDE WITH SHOP FOREMAN, CLINT DEEMED EVERY THING NORMAL. NO RECOMMENDATIONS AT THIS TIME.

\*\*\*\*\*



# HYUNDAI

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PARTS AMOUNT	0.00
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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

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

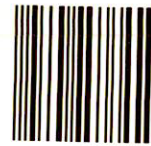
CUSTOMER SIGNATURE

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

Green Bay, WI



1000



20077

U.S. POSTAGE  
PAID  
GREEN BAY, WI  
54303  
MAR 23, 16  
AMOUNT  
**\$1.20**  
R2304M112731

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, Def-  
1200 New Jersey Avenue S.E.  
Washington, D.C. ~~20077-9382~~

20590

