

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



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

INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6)

**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: 11-MAR-2016  
APR 19 2016  
Repository   
Reference No. 10846107

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: MARYSVILLE State: MI Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]  
E-mail Address: [REDACTED]  
Evening Telephone Number: [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: 1FADP3J29EL [REDACTED]  
Make: FORD Model: FOCUS Model Year: 2014

Date Purchased: 11/05/13 Dealer's Name and Telephone Number: 810 329 6601  
Original Owner:  Dealer's City: ST. CLAIR State: MI Zip Code: 48079  
Engine: 4 No. Cylinders: 4 Fuel Type: GAS

Transmission Type: AUTO Antilock Brakes:  Cruise Control:   
Powertrain: TRANSMISSION Multiple Failure: YES Incident Date(s): 04-MAR-2016

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

Vehicle Component Code: 100000 POWER TRAIN 24 MAR 14 5369/5379 1ST TRND  
POMPADO FORD POMPADO FLA. 2ND TRANS 18,500 SAME POMPADO  
3RD 2896 BILL McDONALD FORD UPDATED PCM & TCM NOT FIXED  
MILEAGE 31878/31884 SAME ADJUST NOT OK  
Failure Mileage: 5800 Failure Speed:

**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: Number of Deaths: 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. AT 5,800 MILES, THE TRANSMISSION CAUSED THE VEHICLE TO JERK AND VIBRATE WHEN THE GEARS WERE SHIFTED. THE DEALER REPLACED THE CLUTCH. THE FAILURE ALSO OCCURRED AT 18,500 MILES. AFTER REPAIRING THE VEHICLE AGAIN, THE FAILURE RECURRED AT 29,000 MILES. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURES. THE VIN WAS UNKNOWN. THE INITIAL FAILURE MILEAGE WAS 5,800.

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.