


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>2016 AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Date Received: 29-MAR-2016 APR 29 2016</p>	
Name		Address		Repository <input type="checkbox"/>	
City: PLYMOUTH		State: OH		Reference No.: 10852298	
Zip Code		Daytime Telephone Number		E-mail Address	
		Evening Telephone Number			
<p>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).</p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
1FADP3F23EL			FORD	FOCUS	2014
Date Purchased		Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s) 29-MAR-2016
	<input type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)				Failure Mileage	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)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2014 FORD FOCUS. THE CONTACT RECEIVED A NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V005000 (FUEL SYSTEM, GASOLINE); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. PARTS DISTRIBUTION DISCONNECT.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>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.</p>					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The problem was taken care of at Sharpsnick Ford in Willard, Ohio. They did an outstanding job

Thanks for all your help



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

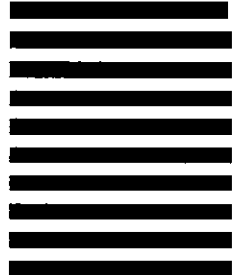
1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

CLEVELAND
OH 44115
23 APR 2016
PM 5:1



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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

or call:

**Vehicle Safety Hotline
888-327-4236**



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