



U.S. Department of Transportation

National Highway Traffic Safety Administration

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

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

09-AUG-2016

OCT - 3 2016

Repository

Reference No.
10894492

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: BROWN DEER State: WI Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: 1FAHP35N88W [REDACTED]
 Make: FORD Model: FOCUS Model Year: 2008
 Date Purchased: 2/16/2008 Dealer's Name and Telephone Number: Ernie Von Schledorn 262 255 6000
 Engine: No: Cylinders: 4 Fuel Type: gas
 Original Owner: Dealer's City: Menomonee Falls State: WI Zip Code: 53051
 Transmission Type: automatic Antilock Brakes: Cruise Control: Powertrain: Multiple Failure: Incident Date(s): 15-JAN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH
 Failure Mileage: 52975 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: DOTM9ABC036): 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 2008 FORD FOCUS. WHILE ATTEMPTING TO CLOSE THE FRONT DRIVER SIDE DOOR, THE DOOR FAILED TO LATCH. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE LATCH NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN.

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.

BROWN DEER WI

Date Started 01/13/16
Date Completed 01/13/16
Invoice #:
Job Type INVOICE
Primary Tech:

FARKAS AUTOMOTIVE
8008 N SHERMAN BLVD
BROWN DEER, WI 53209
(414)354-8444

Year/Make/Model FORD FOCUS License # Vin # Odometer 0

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

ESTIMATED COST
Parts 0.00 Labor 0.00 Total 0.00
Authorized by Promised In-Person
Date Time Called by Phone
01/13/1 15:16

<1> I request an estimate in writing before you begin repairs.
<2> Please proceed with repairs, but call me before continuing if the price will exceed. 0.00
<3> I do not want an estimate.
My choice is: AM Customer Date
Shop Representative Date

REVISED ESTIMATED / ADDITIONAL WORK
Parts 0.00 Labor 0.00 Total 0.00
Authorized by Promised On-Phone
Date Time Called by Phone
/ /

Motor vehicle repair 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, PO Box 8911, Madison, Wisconsin 53708-8911

THIS PRICE FOR THE AUTHORIZED REPAIRS WILL NOT BE EXCEEDED IF THE MOTOR VEHICLE IS DELIVERED TO THE SHOP WITHIN 5 DAYS

You are entitled to inspect or receive any components, parts or accessories replaced or removed by us.

| LABOR | Qty | Description | Price | Extension |
|--------------|------|----------------------------|------------------|---------------|
| LAB1 | 1.70 | REPLACE DRIVERS DOOR LATCH | 90.00 | 153.00 |
| | | | LABOR | 153.00 |
| PARTS | Qty | Description | Price | Extension |
| AS4Z74219A65 | 1.00 | DOOR LATCH | 149.95 | 149.95 |
| 8S4Z5422153C | 1.00 | ROD | 12.95 | 12.95 |
| 8S4Z5422153A | 1.00 | ROD | 15.95 | 15.95 |
| 8S4Z5422135 | 1.00 | ROD | 12.95 | 12.95 |
| 8S4Z5421952 | 1.00 | RETAINER | 10.95 | 10.95 |
| | | | PARTS | 202.75 |
| | | | Sub Total | 355.75 |
| | | | Sales Tax | 19.92 |
| | | | Total | 375.67 |

(414) 355-6843

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car, truck or vehicle described herein on streets, highways or elsewhere for of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto.

x _____ Date _____