



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

22-SEP-2016

NOV 20 2016

Repository

Reference No.
10908690

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: BEACON State: NY Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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: 1FAHP36NX7W [REDACTED]
 Make: FORD Model: FOCUS SES Model Year: 2007
 Date Purchased: 11/30/06 Dealer's Name and Telephone Number: Freedom Ford 845-831-1400 Engine: No. of Cylinders: 4 Fuel Type: gas
 Original Owner: Dealer's City: Beacon State: NY Zip Code: 12508
 Transmission Type: manual Antilock Brakes: Cruise Control: Powertrain: Multiple Failure: Incident Date(s): 22-SEP-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage: 125000 Failure Speed: [REDACTED]
 failure: drivers side air bag module

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
 DOT No. (Example: DOTMAL9ABC036): [REDACTED] Original Equipment: Prior Repair: Failure Location: [REDACTED]
 Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
 Seat Type: [REDACTED] Installation System: [REDACTED]
 Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 2007 FORD FOCUS. WHEN THE VEHICLE WAS STARTED, THE AIR BAG WARNING INDICATOR REMAINED ILLUMINATED. THE FAILURE WAS INTERMITTENT. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC TO BE DIAGNOSED. THE MECHANIC WAS ABLE TO RETRIEVE AN ERROR CODE FOR THE FRONT DRIVER SIDE AIR BAG MODULE. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 125,000.

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.