



U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
 To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

Date Received

24-OCT-2016

Repository

Reference No.
10918575

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: RILEY State: MI 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

VIN: 1FADP3F23E [REDACTED]	Year: 2014	Make: FORD	Model: FOCUS
Date Purchased: 7-17-2014	Dealer's Name and Telephone Number: IMLAY CITY FORD	Engine: No. Cylinders: 4	Fuel Type: GAS
Original Owner: <input checked="" type="checkbox"/>	Dealer's City: IMLAY CITY	State: MI	Zip Code: 48444
Transmission Type: AUTO	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s): 16-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 10J000 POWER TRAIN, 10J000 POWER TRAIN: CLUTCH ASSEMBLY	Failure Message: 78066	Failure Speed:
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

DOT No. (Example: EOTMAGAB0066)	<input type="checkbox"/> Original Equipment	Failure Location:	Tire Failure Type:
	<input type="checkbox"/> Prior Repair		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Model No./Name:	Date Manufactured:	Installation System:
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APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

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
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Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) event leading up to the failure, (2) failure and its consequences, and (3) what we will do to correct the failure (e.g. part repaired or replaced (and if old part is available)).

AT THE CONTACT GAVES A 2014 FORD FOCUS. WHILE DRIVING VARIOUS SPEEDS, THE VEHICLE LOST POWER AND WOULD NOT ACCELERATE WHEN THE ACCELERATOR PEDAL WAS DEPRESSED. THE VEHICLE SHUDDERED. AFTER SHUTTING OFF THE VEHICLE AND RESTARTING THE ENGINE, THE VEHICLE OPERATED NORMALLY. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE FAILURE RECURRED NUMEROUS TIMES. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE CLUTCH NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 78,000.

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 Administration and subject to the provisions of the Privacy Act. 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, if a critical element thereof, may be used in support of the agency's action.