

 U.S. Department of Transportation National Highway Traffic Safety Administration		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	
Name: [REDACTED]		Date Received: 27-MAR-2017		Repository: <input type="checkbox"/>	
Address: [REDACTED]		Daytime Telephone Number: [REDACTED]		Reference No.: 10968601	
City: WESTLAND		State: MI		Evening Telephone Number: [REDACTED]	
Zip Code: [REDACTED]		E-mail Address: [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: 1FAHP34NX7W [REDACTED]		Make: FORD		Model: FOCUS	
Date Purchased:		Dealer's Name and Telephone Number:		Model Year: 2007	
Original Owner: <input type="checkbox"/>		Dealer's City:		Engine: No: Cylinders:	
State: Zip Code:		Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain: Multiple Failure: Incident Date(s): 22-MAR-2017	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 020000 SUSPENSION				Failure Mileage: 98000	
				Failure Speed: 5	
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: DOTMAL9ABC036):		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <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	
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. WHILE SLOWING DOWN TO 5 MPH TO APPROACH AN INTERSECTION, THE VEHICLE DROVE OVER A POTHOLE. THE CONTACT LOST CONTROL OF THE VEHICLE, BUT MANAGED TO APPLY THE BRAKES TO STOP THE VEHICLE. THE CONTROL ARM ASSEMBLY WAS RUSTED AND SPLIT IN HALF, THE PLASTIC SHROUD WAS RIPPED, AND THE FENDER ON THE PASSENGER SIDE WAS PUSHED INTO THE FRONT PASSENGER DOOR, WHICH MADE THE DOOR DIFFICULT TO OPEN AND CLOSE. THE VEHICLE WAS TOWED TO A RESIDENTIAL HOME WHERE IT WAS DIAGNOSED. THE INDEPENDENT MECHANIC DETERMINED THAT THE LOWER CONTROL ARM FAILED. THE CONTROL ARM FAILURE WAS REPAIRED BY THE INDEPENDENT MECHANIC. THE CONTACT DID NOT NOTIFY THE MANUFACTURER OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 98,000. → REPLACED CONTROL ARM → CAR SERVED TO OPENING TRAFFIC					
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.					

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

IF I HAD BEEN GOING 50MPH - CAR WOULD HAVE ROLLED OVER
GOING INTO UNCOMING TRAFFIC

Westland, MI

CONF# 10968601

ATTACH ADDITIONAL SHEETS IF NECESSARY

METROPLEX MI 480

20 MAY 2017 PM 3 L

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



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UNITED STATES

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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**



National Highway Traffic Safety Administration
U.S. Department of Transportation
Vehicle Center, Questionnaire (VCO)











