



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

Date Received 29-MAR-2018 MAY 23 2018	Repository <input type="checkbox"/>
	Reference No. 11082059

OWNER INFORMATION (Type or Print)

Name [REDACTED]			
Address [REDACTED]			
City KALAMAZOO	State MI	Zip Code [REDACTED]	

Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Evening Telephone Number [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 3FAHP0HA4AR [REDACTED]	Make FORD	Model FUSION	Model Year 2010
Date Purchased 12-18-17	Dealer's Name and Telephone Number EXPRESS AUTO 269 344 3307		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City Kalamazoo	State MI	Zip Code 49008
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-MAR-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 156900	Failure Speed
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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 <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
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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).

NOTHING

TL* THE CONTACT OWNS A 2010 FORD FUSION. WHILE OPERATING THE VEHICLE, THE AIR BAG SENSOR INDICATOR ILLUMINATED AND THE "NO AIR BAG" MESSAGE APPEARED. THE CONTACT WAS CONCERNED THAT THE AIR BAGS MAY NOT DEPLOY WHEN NEEDED. THE FAILURE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER AND LOCAL DEALER WERE NOT NOTIFIED. THE FAILURE MILEAGE WAS 156,900.

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 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.