INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

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	Repository ☐
11-OCT-2018 NOV 0 9 2018	Reference No. 11139685

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City PARMA HEIGHTS	State OH	Zip Code [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	Make	Model	Model Year
1FAHP3FN5BW[redacted]	FORD	FOCUS	2011

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
11-APR-2011	LIBERTY FORD PARMA HTS.	(440) 888-2600 (440) 743-8042	4	REG. UNLEAD.
Original Owner ☒	Dealer's City PARMA HTS	State OH / Zip Code 44130		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☒ Antilock Brakes ☒ Cruise Control			15-APR-2015, 06-OCT-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 170000 LATCHES/LOCKS/LINKAGES	Failure Mileage	Failure Speed
	88254	65 MPH

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)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	Ø	Ø	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 2011 FORD FOCUS. THE CONTACT STATED THAT THE REAR DRIVER SIDE DOOR FAILED TO LOCK. YEARS LATER, THE REAR PASSENGER SIDE DOOR FAILED TO LOCK. THE CONTACT HAD TO TIE DOWN THE DOOR TO KEEP IT CLOSED. THE CONTACT CALLED LIBERTY FORD PARMA HEIGHTS (6600 PEARL RD, PARMA HEIGHTS, OH 44130, (440) 888-2600) AND WAS INFORMED THAT THERE WERE NO RECALLS FOR THE FAILURE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED, BUT DID NOT GET BACK IN TOUCH WITH THE CONTACT. THE APPROXIMATE FAILURE MILEAGE WAS 88,254.

DEATH AND INJURY WILL OCCUR IF PASSENGER DOORS(REAR) (OVER) OPEN IN CITY AND HYWAY 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 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)

JASON AT FORD CORPORATE HEADQUARTERS, (800) 392-3673, AAS ASSIGNED CASE # [redacted] TO MY COMPLAINT AND IS NOW WAITING FOR LIBERTY FORD TO CONTACT HIM OR MANAGER JEREMY AT (440) 743-8042. DAVE AT LIBERTY FORD SAYS TOTAL REPAIR IS VALUED AT $700. THIS CONVERSATION TOOK PLACE ON 24 OCT. 2018. SO FAR, AS OF 29 OCT. 2018, NO CALL BACK RECEIVED. CONGRESSIONAL ACTION IS PENDING.

ATTACH ADDITIONAL SHEETS IF NECESSARY

CLEVELAND
OHIO 440
29 OCT '18
PM 1 L

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

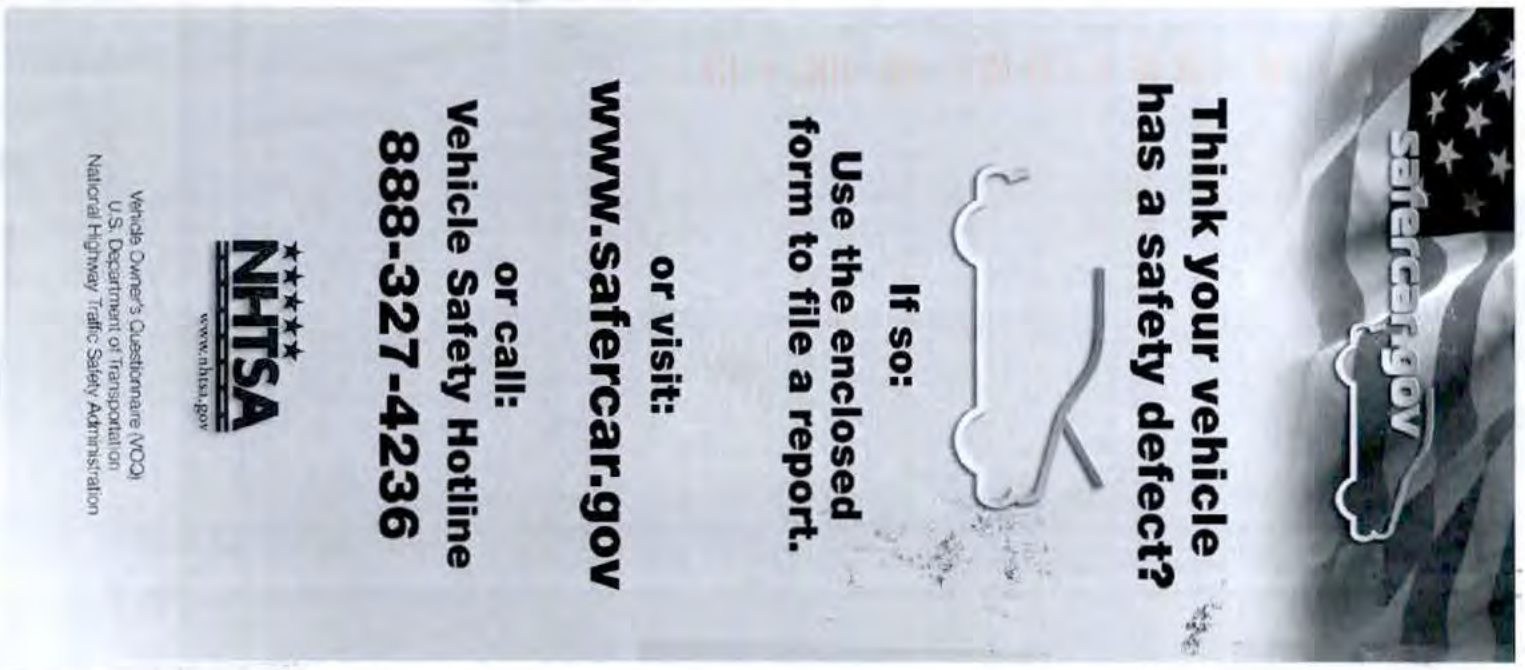
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
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



MIKE DEWINE
* OHIO ATTORNEY GENERAL *

Consumer Protection
Office 800-282-0515
Fax 866-268-2279

30 E. Broad Street, 14th Floor
Columbus, Ohio 43215
www.OhioAttorneyGeneral.gov

Office Use Only:
Complaint #:

Consumer Complaint Form, Part 2

When you file a consumer complaint with the Ohio Attorney General's Office, you also must submit copies of documents related to your complaint, such as contracts and receipts. Submitting these documents helps ensure that you will get the best possible results from our complaint resolution process. Failure to provide required documentation may prevent or delay our ability to help you.

Please send this form and copies of any documents related to your complaint to the Attorney General's Office:
Consumer Protection Section, 30 E. Broad St., 14th floor, Columbus, OH 43215-3400
DO NOT SEND ORIGINALS. Any documents sent to our office will be scanned electronically and then destroyed.

PLEASE NOTE: Any information you submit with your complaint is considered public and may be released as part of a public records request. Remove Social Security numbers, credit card numbers, debit card numbers and other bank account numbers from any documents you submit with your complaint.

Documents to Submit with Your Complaint:

Check below to indicate which documents/items you are submitting with your complaint (check all that apply):

- ☐ Contract / Purchase Agreement
- ☐ Warranty / Service Agreement
- ☐ Invoice / Billing Statement
- ☐ Payment Record / Receipt
- ☐ Advertisement
- ☐ Estimate / Proposal
- ☐ Loan Application
- ☐ HUD 1 Settlement Statement (*Residential Mortgage Transactions Only*)
- ☐ Debt Collection Account Number* (*Debt Collection Complaints Only*): _____
- ☒ Other: VIN # AND FORD CREDIT WILL SHOW OWNERSHIP AND PURCHASE AGREEMENTS.

*DO NOT SUBMIT YOUR BANK ACCOUNT NUMBER OR SOCIAL SECURITY NUMBER.

Additional Information about You:

To help our office better serve Ohio consumers, please check any/all categories that apply to you (optional):

- ☐ Active service member or immediate family of active service member
- ☐ Disaster victim
- ☐ Non-English speaking
- ☒ Person with disability
- ☒ Over the age of 65
- ☒ Veteran

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Consumer Complaint Form

The Ohio Attorney General's Consumer Protection Section provides a complaint resolution process to resolve disputes between consumers and businesses. If you have a complaint regarding a consumer transaction (a purchase or advertisement of a product or service used for the home or personal use), you may file a complaint with our office.

You May File a Complaint One of Three Ways:

By mail:
Complete this form in dark ink and mail to:

Consumer Protection Section
30 E. Broad St., 14th floor
Columbus, OH 43215-3400

By phone:
Call 800-282-0515

Our help center associates will assist you in filing your complaint.

Online:
Visit www.OhioAttorneyGeneral.gov

On our Web site, you can file a complaint, sign up for our e-newsletter and learn about your consumer rights.

Pre-Complaint Questions

- Have you contacted the company about your complaint? Yes X No ___
- Have you hired an attorney to represent you in this matter? Yes ___ No X

  If yes, provide: Attorney's name: _____ Attorney's phone number: (___) _____
- Are you involved in a lawsuit regarding this issue? Yes ___ No X
- Have you contacted any other agencies regarding this issue? Yes ___ No X

  If yes, please list the agencies: _____

PLEASE NOTE: Any information you submit with your complaint is considered public and may be released as part of a public records request. Remove Social Security numbers, credit card numbers, debit card numbers and other bank account numbers from any documents you submit with your complaint.

Information about You (the Consumer):

First name: [redacted] MI: [redacted] Last name: [redacted] Suffix: _____

Address: [redacted]

City: PARMA HTS. State: OH Zip Code: [redacted] County: CUYAHOGA Country: USA

Daytime phone: [redacted] CELL Alternate phone: [redacted] HOME

E-mail address: [redacted] Fax: (___) _____

Subject of the Complaint (Business Information):

Name of business you're complaining about: FORD MOTOR COMPANY

Address: ONE AMERICAN ROAD ROOM 1037-A3 WHQ

City: DEARBORN State: MICHIGAN Zip Code: 48126 County: UNK Country: USA

Telephone: (313) 337-3913 Toll-free: (___) _____ Fax: (313) 248-1988

E-mail address: JZAREMB1@FORD.COM Web address: _____

Name of business owner/salesperson: LOCAL LIBERTY FORD PARMA HTS 6600 PEARL RD. PARMA HTS. OH 44130
PHONE: (888) 884-2600

About the Transaction:

Product/service involved: UNSAFE VEHICLE

Date of purchase: 04/05/2011 (mm/dd/yyyy)

Did you sign a contract? Yes X No ____

Are you making payments? Yes ____ No X PAID OFF

Total cost of product/service: $ ABOUT $1400.00

Method ~~of payment~~: ESTIMATE REPAIR

Amount paid so far: $ 0 Disputed amount: $ 1400.00

Is the product/service under warranty? Yes ____ No X

If yes, warranty company name: EXPIRED FORD MOTOR CO.

How did the first contact with the company occur?

- ☒ E-mail
- ☐ Mail
- ☐ Fax
- ☐ Radio
- ☐ Home visit
- ☐ Store visit
- ☐ Infomercial
- ☒ Telephone call
- ☐ Internet auction
- ☐ Television
- ☐ Internet banner/Web site
- ☐ Word of mouth
- ☐ Magazine/Newspaper
- ☐ Other: ____

Describe the transaction and your complaint: ABOUT 06/2015 MY LEFT PASSENGER DOOR LOCK FAILED AND DOOR OPENED IN HYWAY TRAFFIC. I HAD TO TIE IT CLOSED. LIBERTY FORD REFUSED TO CORRECT THE PROBLEM WITHOUT A $700 PAYMENT. ON 10/06/2018 THE RT. PASSENGER DOOR LOCK FAILED, AGAIN WHILE IN TRAFFIC. I TIED THIS DOOR CLOSED AND AGAIN LIBERTY FORD TOLD ME NO RECALL WAS ISSUED AND NOW I WOULD NEED TO PAY ABOUT $1400 FOR BOTH DOORS TO BE FIXED. THIS IS NOW A SERIOUS SAFETY ISSUE AND I DO NOT WANT TO BE RESPONSIBLE FOR DEATH OR INJURY IF THE TIRS FAIL. SEE THE ATTACHED LETTER(S) TO CORPORATE FORD.

Briefly describe what you would consider a reasonable resolution to your complaint: ANOTHER "SAFE" VEHICLE OF COMPARABLE VALUE OR MY CURRENT VEHICLE COMPLETLY FIXED, AT NO COST TO ME.

Complete this section only if your complaint regards a motor vehicle:

Make: 2011 FORD Model: FOCUS (Purchase) / Lease (circle one) 04/05/2011

Vehicle Identification Number (VIN—*not your license plate number*): 1FAHP3FN5BW[redacted]

Year of vehicle: 2011 (New) / Used (*circle one*) (Under warranty) / "AS IS" (*circle one*)

Mileage at purchase or lease: 00350.6 Current mileage: 88254.4

☒ By checking this box I acknowledge that the information given above is true to the best of my knowledge and belief. I understand that any information I submit to the Ohio Attorney General's Office is considered public information and may be released in a public records request. I understand a copy of this form and all documents relating to my complaint will be forwarded to the company that is the subject of my complaint. I understand that the Ohio Attorney General cannot serve as my private attorney. Date submitted: 10/11/2018 (mm/dd/yyyy)