



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 ☐

10-APR-2019

Reference No.

JUN 12 2019

11195411

OWNER INFORMATION (Type or Print)

Name

Address

City

LOS ANGELES

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1FADP3F28D

Make

FORD

Model

FOCUS

Model Year

2013

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

08-APR-2019

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 160000 STRUCTURE, 100000 POWER TRAIN, FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage

59763

Failure Speed

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)

☐ 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

☐ 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 2013 FORD FOCUS. THE CONTACT STATED THAT WATER WAS FOUND INSIDE THE VEHICLE MORE THAN ONCE AFTER IT RAINED. ALSO, THE CLUTCH VIBRATED WHEN THE GEARS WERE SHIFTED. THE FAILURE OCCURRED EVERY TIME AFTER SHIFTING OUT OF FIRST GEAR. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TAKEN TO STAR FORD AND LINCOLN (1101 S BRAND BLVD, GLENDALE, CA 91204, (818) 956-0977) WHERE IT WAS DIAGNOSED THAT A NEW CLUTCH AND FUEL TANK WERE NEEDED AND THE POWER TRAIN CONTROL MODULE (PCM) NEEDED REPROGRAMMING. THE CONTACT STATED THAT THE MECHANICS ONLY INSTALLED A NEW FUEL TANK AND REPROGRAMMED THE PCM. THE MANUFACTURER WAS MADE AWARE OF THE FAILURES AND DID NOT ASSIST. THE FAILURE MILEAGE WAS 59,763.

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.



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National Highway
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Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS

Call: 888-327-4236

Visit: www.safercar.gov

Fax this form: 202-366-7882 or 202-366-3171

Mail this form: see page 2 for instructions

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Reference No.

OWNER INFORMATION (Type or Print)

Name

Street No.

Apt. No.

City

LOS ANGELES

State

CA

Zip Code

90001

Daytime

Evening

E-mail

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner

Date 4/10/19

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1FADP3F28PL

Make

FORD

Model

Focus

Year

2013

Current Mileage

70,000

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

☐ Original Owner

Dealer's City

State

Zip Code

No. Cylinders

☐ Diesel ☐ Hybrid

☒ Gas ☐ Other

Transmission Type

☐ Manual

☒ Automatic

☒ Antilock Brakes

☒ Cruise Control

Powertrain

☐ All-Wheel Drive

☒ Front-Wheel Drive

☐ Rear-Wheel Drive

☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name

16000 Structure
100,000 Power train Fuel/Propulsion
(PMS)

Incident Date(s)

Failure Mileage

69,763

Failure Speed

Failure Location

☐ Driver ☐ Passenger

☐ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand

Tire Model/Line

Tire Name

Tire Size (Example: P215/65R1105)

Failed Structure

☐ Tread ☐ Sidewall ☐ Bead

DOT No. (Example: DOT MAL9ABC036 on sidewall)

☐ Original Equipment

☐ Prior Repair

Failure Type:

☐ Blowout ☐ Blister

☐ Crack

☐ Torn

☐ Tread Separation

☐ Road Hazard

☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make

Date Manufactured

Model Number and Name

Seat Type

☐ Infant

☐ Booster

☐ Integrated

☐ Convertible

☐ Other

Installed in Vehicle using the:

☐ Vehicle safety belt

☐ LATCH system*

*Vehicle info required

Failed Part. Describe Failure Below

☐ Base

☐ Harness/Buckle

☐ LATCH Connector

☐ Shell

☐ Handle

☐ Other

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

Police Report No.

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

Paperwork Reduction Act Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0008. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Avenue SE., Washington, DC 20590.

The Privacy Act of 1974 - Public Law 93-579: This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



LINCOLN

OUR SERVICE DEPT. HOURS:
MONDAY THRU FRIDAY
7:30 A.M. TO 6:30 P.M.
SATURDAY
8:00 A.M. TO 5:00 P.M.
E.P.A. # CAL 000378943
CAL 000381212

B.A.R. # REG ARD11052
P.A. CODE 05537

www.starautogroup.com
1101 SOUTH BRAND BLVD. GLENDALE, CALIFORNIA 91204
SERVICE DIRECT: (818) 502-1901
(818) 956-0977 FAX: (818) 243-0578

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE

CELL: [REDACTED]

CUSTOMER NO.	[REDACTED]	523	TAG NO.	[REDACTED]	INVOICE DATE	04/12/19	INVOICE NO.	[REDACTED]	
[REDACTED]		LABOR RATE	LICENSE NO.	MILEAGE	69,841	COLOR	7	STOCK NO.	[REDACTED]
LOS ANGELES, CA [REDACTED]		13/FORD/FOCUS/4DR SDN SE			DELIVERY DATE		DELIVERY MILES		
[REDACTED]		VEHICLE I.D. NO.			SELLING DEALER NO.		PRODUCTION DATE		
[REDACTED]		1 F A D P 3 F 2 8 D L [REDACTED]			[REDACTED]		[REDACTED]		
[REDACTED]		E.T.E. NO.			P.O. NO.		R.D. DATE		
[REDACTED]		[REDACTED]			04/12/19		[REDACTED]		
RESIDENCE PHONE	BUSINESS PHONE		COMMENTS		MO: 69847				

LABOR & PARTS-----
J# 1 05FOZ * DIAG AUTO TRANS TECH(S):029 1328.08

CUSTOMER REQUESTS TO REPLACE THE CLUTCH ASSEMBLY. VEHICLE IS
A SALVAGE NOT COVERED UNDER 14M01.
RECOMMENDED REPLACING CLUTCH.
REPLACED CLUTCH PERFORMED ADAPTIVE LEARNING AND TEST DROVE
TO VERIFY REPAIRS.

PARTS-----	QTY-----	FP-NUMBER-----	DESCRIPTION-----	UNIT PRICE-----
JOB # 1	1	F1FZ-7BS46-B	CLUTCH ASY	380.12
JOB # 1	1	EV6Z-7052-C	SEAL ASY - OIL	47.92
JOB # 1 TOTAL PARTS				428.04
JOB # 1 TOTAL LABOR & PARTS				1756.12

J# 2 06FOZO QUICK SERVICE 1 TECH(S):094 0.00
ESTIMATE TO REPAIR RATTLES IN THE PASSENGER FRONT AND REAR
DOORS. PLEASE CHECK AND ADVISE.

PARTS-----	QTY-----	FP-NUMBER-----	DESCRIPTION-----	UNIT PRICE-----
JOB # 2 TOTAL PARTS				0.00
JOB # 2 TOTAL LABOR & PARTS				0.00

J# 3 06FOZO1 QUICK SERVICE 2 TECH(S):094 0.00

CUSTOMER REQUESTS ESTIMATE TO REPAIR THE A/C BLOWS WARM AT
TIMES AND THERE IS A MUSTY SMELLS AT TIMES
A/C COMPRESSOR STARTING TO FAIL. RECOMMEND REPLACE THE A/C
COMPRESSOR AND FLUSH THE A/C SYSTEM FROM DEBRIS FROM THE
FAILED COMPRESSOR.
A/C COMPRESSOR \$783.93
FLUSH BAG \$85.66
R-134 \$48.00
PART TOTAL \$917.59
TAX \$87.17
LABOR \$808.50
TOTAL \$1813.26

PARTS-----	QTY-----	FP-NUMBER-----	DESCRIPTION-----	UNIT PRICE-----
JOB # 3 TOTAL PARTS				0.00
JOB # 3 TOTAL LABOR & PARTS				0.00

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$1800.00 (+TAX)

LINCOLN



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(818) 956-0977 FAX: (818) 243-0578

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE

CELL: [REDACTED]

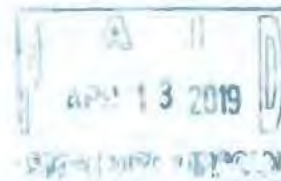
CUSTOMER NO	[REDACTED]	523	TRG NO	[REDACTED]	INVOICE DATE	04/12/19	INVOICE NO	[REDACTED]	
[REDACTED]		LABOR RATE	LICENSE NO	RELEASE	69,841	COLOR	/	STOCK NO	[REDACTED]
LOS ANGELES, CA [REDACTED]		YEAR / MAKE / MODEL				DELIVERY DATE	DELIVERY MILES		
[REDACTED]		13/FORD/FOCUS/4DR SDN SE				SELLING DEALER NO		PRODUCTION DATE	
[REDACTED]		VEHICLE ID NO				R.O. DATE			
[REDACTED]		1 F A D P 3 F 2 8 D L [REDACTED]				04/12/19			
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS		MO: 69847					

TOTALS

STAR FORD LINCOLN APPRECIATES YOUR BUSINESS! IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CONTACT OUR SERVICE MANAGER MANNY ARGUELLO AT 818.502.4660. WE APPRECIATE THE FACT YOU CHOSE US TO SERVICE AND REPAIR YOUR VEHICLE. STAR FORD LINCOLN'S GOAL IS CUSTOMER SATISFACTION WE HOPE THAT WE EXCEEDED YOUR EXPECTATIONS TODAY!

TOTAL LABOR....	1328.08
TOTAL PARTS....	428.04
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	43.88

TOTAL INVOICE \$ 1800.00



Visa

CUSTOMER SIGNATURE

Blue Oval Certified



LINCOLN



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CAL 000381212

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P.A. CODE 05537

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SERVICE DIRECT: (818) 502-1901
(818) 956-0977 FAX: (818) 243-0578

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE

CELL: [REDACTED]

CUSTOMER NO.	[REDACTED]	523	INVOICE DATE	04/10/19	[REDACTED]
LABOR RATE		LICENSE NO.	MILEAGE	69,693	COLOR
[REDACTED]		YEAR / MAKE / MODEL		DELIVERY DATE	DELIVERY MILES
LOS ANGELES, CA		13/FORD/FOCUS/4DR SDN SE		SELLING DEALER NO.	PRODUCTION DATE
[REDACTED]		VEHICLE ID NO.		04/09/19	
[REDACTED]		F.T.E. NO.		P.O. NO.	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS			
		MO: 6969			

LABOR & PARTS

J# 1 05FOZ * DIAG AUTO TRANS TECH(S):029 WARRANTY
CUSTOMER STATES THAT THE VEHICLE SHUDDERS AND SHAKES ON TAKE
OFF AND WHEN SHIFTING. PLEASE CHECK AND ADVISE. TITLE
BRANDED ONLY TCM CONCERNS ARE COVERED. PLEASE CHECK AND
ADVISE.
CLUTCH IS NEEDED TO CORRECT THE SHUDDER CONCERN. VEHICLE IS
A SALVAGE. ADVISE CUSTOMER CUST WILL CALL FORD.

JOB # 1 TOTAL LABOR & PARTS 0.00

J# 2 02FOZORECALL FORD RECALL 1 TECH(S):904 WARRANTY
RECALL 18532 FUEL TANK DEFORMATION.
RECALL
EEC TEST PASS, CHECK FUEL TANK PASS, EVAP TEST PASS,
REPROGRAM PCM DOME ALL BY RECALL 18532B

JOB # 2 TOTAL LABOR & PARTS 0.00

ESTIMATE

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

TOTALS

STAR FORD LINCOLN APPRECIATES YOUR BUSINESS! IF YOU HAVE
ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CONTACT OUR
SERVICE MANAGER MANNY ARGUELLO AT 818.502.4660.WE APPRECIATE
THE FACT YOU CHOSE US TO SERVICE AND REPAIR YOUR VEHICLE.
STAR FORD LINCOLN'S GOAL IS CUSTOMER SATISFACTION WE HOPE
THAT WE EXCEEDED YOUR EXPECTATIONS TODAY!

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00

TOTAL INVOICE \$ 0.00

CUSTOMER SIGNATURE

FORD CUSTOMER SERVICE
1-800-392-3673

LINCOLN



LINCOLN

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SATURDAY
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E.P.A. # CAL000378943
CAL000381212

B.A.R. # REG ARD11052
P.A. CODE 05537

1101 SOUTH BRAND BLVD. GLENDALE, CALIFORNIA 91204
SERVICE DIRECT: (818) 502-1901
(818) 958-0977 FAX: (818) 243-0578

ECOMMENDED SERVICES

OPERATION	OPERATION DESCRIPTION	MO/MI	TOTAL	OPERATION	OPERATION DESCRIPTION	MO/MI	TOTAL

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION

SALESPERSON NO.

SERVICE

STATE REG# 3

TERMINAL	TFADP3F28D	13/FORD/FOCUS/4DR SDN SE	PRODUCTION DATE	STOCK NO.	LICENSE NO.	PLATE NO.
CASH	☐					
CREDIT CARD	☐					
CHECK	☐					
OTHER	☐					
SAVE						
REMOVED						
PARTS FOR						
CUSTOMER						
☐ YES						
☐ NO						
APPOINTMENT						
☒ Yes						
☐ No						
CELL						

ORIGINAL CUSTOMER ESTIMATE: TOTAL
0.00

1 W 05FOZ *DIAG AUTO TRANS
CUSTOMER STATES THAT THE VEHICLE SHUDDERS AND SHAKES ON TAKE
OFF AND WHEN SHIFTING. PLEASE CHECK AND ADVISE. TITLE
BRANDED ONLY TCM CONCERNS ARE COVERED. PLEASE CHECK AND
ADVISE.

2 W 02FOZ0RECALL FORD RECALL 1
RECALL 18S32 FUEL TANK DEFORMATION.

E-MAIL:	
ORIGINAL ESTIMATE \$	ADDITIONAL COST \$
REVISED ESTIMATE \$	CONTACTED BY
REASON	DATE
AUTHORIZED BY	TIME
☐ PERSON	
☐ PHONE #	
REVISED ESTIMATE \$	ADDITIONAL COST \$
REASON	CONTACTED BY
AUTHORIZED BY	DATE
☐ PERSON	
☐ PHONE #	
IMPORTANT: REMOVE ALL PERSONAL PROPERTY AND VALUABLES FROM YOUR VEHICLE. WE DO NOT ASSUME RESPONSIBILITY FOR LOSS OR DAMAGE FOR ARTICLES LEFT IN YOUR VEHICLE.	
TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within _____ days of the date shown above if I choose not to authorize the services recommended.	
"By law, you may choose another licensed Smog Check facility to perform any needed repairs or adjustments that the Smog Check test indicates are necessary."	
ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE	
WE GUARANTEE OUR LABOR 12 MONTHS OR 12,000 MILES - WHICHEVER OCCURS FIRST.	
NOTICE TO CUSTOMERS	
WE MAKE A SEPARATE CHARGE FOR THE STORAGE AND DISPOSAL OF TOXIC WASTES.	
RATHER THAN RECOVER THESE COSTS BY INCREASING OUR LABOR RATES TO ALL OF OUR SERVICE CUSTOMERS, WE MAKE THIS CHARGE ONLY ON THOSE PARTICULAR REPAIRS OR SERVICES WHICH GENERATE THESE WASTES.	
THESE ARE UNIFORM CHARGES WHICH ARE CALCULATED ANNUALLY FOR EACH PARTICULAR SERVICE AND ARE AVAILABLE ON REQUEST.	
PROGRAM CODE	DEDUCTIBLE