



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 ☐

09-MAY-2019

JUL 30 2019

Reference No.

11206473

OWNER INFORMATION (Type or Print)

Name

Address

City

CASEVILLE

State

MI

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

1FADP3F28GL

Make

FORD

Model

FOCUS

Model Year

2016

Date Purchased

Dealer's Name and Telephone Number

Ordus

989-269-9245

Engine:

No: Cylinders

Fuel Type:

Original Owner

☒

Dealer's City

Bad Axe

State

MI

Zip Code

48413

4

Gas

Transmission Type

Auto.

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

01-MAY-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN

Failure Mileage

37000

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 2016 FORD FOCUS. THE CONTACT STATED THAT WHILE DRIVING VARIOUS SPEEDS, THE VEHICLE LUNGED FORWARD AND HESITATED TO ACCELERATE. NO WARNING LIGHTS ILLUMINATED. ORDUS FORD, INC. (123 S PORT CRESCENT ST, BAD AXE, MI 48413 (989) 269-9245), DIAGNOSED THE VEHICLE BUT DID NOT FIND THE FAILURE. THE VEHICLE HAD NOT BEEN REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 37,000.

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 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)

Buck, hesitates, jerks when taking off from stops, problems were on going. We took it to the dealer 3 times and they said it was fine. They said "you just have to get use to driving it." The hesitating & jerking happened hundreds of times. We ~~told~~ told them when we took it in for the first oil change & dealer said "it's fine"

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

METROPLEX

MI 480

03 JUL '79

PM 4.1



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**



**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**

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

11/02/2018 10:50:11

SERVICE WORKORDER

TERMS CASH ☐ A.M. EXP. ☐ VISA ☐ M/C ☐ DISCOVER ☐ DINERS ☐ GM PROTECTA ☐ CART B. ☐ CHECK ☐ (PRIOR APPROVAL) CASEVILLE, MI ☐		YEAR/MAKE/MODEL 2011 FORD FOCUS SE		PRODUCTION DATE/STOCK NO. 07/2016		LICENSE NO.		R. O. NO.	
OTHER ☐		CUSTOMER NO.		COLOR MAGNETIC		CAR RENTAL NO.		BEEPER NO.	
RECOMMENDED SERVICE DECLINED ☐ YES ☐ NO		SERVICE CONTRACT		DEDUCTIBLE 0.00		CONTRACT NO.		EXT EXPR MILES 0	
APPOINTMENT ☐ YES ☐ NO		INSURANCE CO.		POLICY NO.		CLAIM NO.		EXT EXPR DATE 11	
SHUTTLE ☐		INSURANCE ADJUSTOR		REDUCTIBLE AMOUNT		AUTH. TO USE GENERIC / USED PARTS ☐ YES ☐ NO		DISPATCH NO.	
COURTESY TRANSPORT ☐		BUSINESS PHONE		LABOR RATE		REGISTRATION #F105715		HAT NO.	
DATE/TIME RECEIVED 11/02/2018 10:50:10		PRIORITY		PHONE: 989-269-9245 FAX: 989-269-7550		123 S. Port Crescent St. Bad Axe, MI 48413 Phone 989-269-9245		MILEAGE IN 32170	
JOB 1 NUMBER 18S32 W FUEL TANK DEFORMATION		LABOR INSTRUCTIONS				ORIGINAL ESTIMATE 0.00		TRANSMISSION	
								DATE PROMISED 11/02/2018	
								TIME PROMISED	
								Engine	
								MILEAGE OUT	

ORDUS

Ford Lincoln

PHONE: 989-269-9245 FAX: 989-269-7550

REGISTRATION #F105715

123 S. Port Crescent St.

Bad Axe, MI 48413

Phone 989-269-9245

NO Cel, or DTC'S Present @ this time
 Rem is currently up to date.
 NO Repair Required. Recall Completed.

car jukking
 at lights
 skipping

I HEREBY AUTHORIZE THE REPAIR WORK HEREIN SET FORTH TO BE DONE ALONG WITH THE NECESSARY MATERIAL AND AGREE THAT YOU ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND YOUR CONTROL OR FOR ANY DELAYS CAUSED BY UNAVAILABILITY OF PARTS OR DELAYS IN PARTS SHIPMENTS BY THE SUPPLIER OR TRANSPORTER. I HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANICS LIEN IS HEREBY ACKNOWLEDGED ON THE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO.
 ALL REPAIRS SUBJECT TO A MINIMUM OF .5 DIAGNOSTIC TIME.
 TERMS: STRICTLY CASH UNLESS ARRANGMENTS ARE MADE. IF REPAIRS ARE NOT PAID IN FULL IN THIRTY DAYS 25% OF THE TOTAL BILL WILL BE ADDED MONTHLY.
 WAIVER OF ESTIMATE

I, _____ VOLUNTARILY REQUEST ORDUS FORD LINCOLN, REGISTRATION NO: #F105715 TO PROVIDE SERVICES OR PARTS IN THE REPAIR OF THE ABOVE DESCRIBED MOTOR VEHICLE WITHOUT RECEIVING AN ESTIMATE OF REPAIRS. BY SIGNING THE FORM, I UNDERSTAND THAT I WILL GIVE UP MY RIGHT TO:
 1. RECEIVE A WRITTEN ESTIMATE OF THE COST FOR REPAIRS. 2. APPROVE IN ADVANCE ANY REPAIRS OR COSTS WITH A TOTAL COST UNDER \$ _____ AND 3. REFUSE TO PAY FOR REPAIRS WITH A TOTAL COST LESS THAN THE AMOUNT STATED ABOVE.
 THE FACILITY MAY EXCEED THE AMOUNT STATED ABOVE ONLY AFTER I GIVE MY ORAL OR WRITTEN APPROVAL.
 DATE: _____ TIME: _____ CUSTOMER SIGNATURE: _____

Customer's Signature X



LINCOLN

05/09/2017 10:43:48

SERVICE WORKORDER

TERMS CASH ☐ AM. EXP. ☐ VISA ☐ M/C ☐ DISCOVER ☐ DINERS ☐ GM PROTECT ☐ CART B. ☐ CHECK ☐ (PRIOR APPROVAL) ☐		1FADP3F28GL [REDACTED] 2016 FORD FOCUS SE		YEAR/MAKE/MODEL		PRODUCTION DATE STOCK NO. 11 [REDACTED]		LICENSE NO. [REDACTED]		R. O. NO. [REDACTED]	
OTHER ☐		RESIDENCE PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		DELIVERY DATE 04/07/2016		CAR RENTAL NO. [REDACTED]		BEEPER NO. [REDACTED]	
RECOMMENDED SERVICE DECLINED ☐ YES ☐ NO		Cell Phone [REDACTED]		LABOR RATE [REDACTED]		SERVICE CONTRACT [REDACTED]		EXT EXPR MILES 0		EXT EXPR DATE 11	
APPOINTMENT ☐ YES ☐ NO		DATE/TIME RECEIVED 05/09/2017 10:43:47		PRIORITY [REDACTED]		DEDUCTIBLE 0.00		CONTRACT NO. [REDACTED]		ADVISOR WRITE UP 1876	
SHUTTLE ☐		[REDACTED]		[REDACTED]		INSURANCE CO. [REDACTED]		ENGINE HRS 0		DISPATCH NO. [REDACTED]	
COURTESY TRANSPORT ☐		[REDACTED]		[REDACTED]		POLICY NO. [REDACTED]		CLAIM NO. [REDACTED]		HAT NO. [REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		INSURANCE ADJUSTOR [REDACTED]		REDUCTIBLE AMOUNT [REDACTED]		ADD'L. R.O. NO. [REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		AUTH. TO USE GENERIC / USED PARTS ☐ YES ☒ NO		MILEAGE IN 13621		TRANSMISSION [REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		DATE PROMISED 05/09/2017	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		TIME PROMISED [REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		Engine [REDACTED]	

Ordus Ford Lincoln
Chrysler Dodge Jeep Ram

PHONE# (989) 269-9245 FAX# (989) 269-7558

REGISTRATION #F105715
123 S PORT CRESCENT ST
BAD AXE, MI 48413
Phone 989-269-9245

JOB

LABOR INSTRUCTIONS

ORIGINAL ESTIMATE 0.00

MILEAGE OUT

- CUSTOMER CONCERN, WHILE DRIVING THERE IS A TICKING NOISE COMING FROM THE PASSENGER SIDE OF THE VEHICLE.
W Found Lose Under Body Shield New Plugs seems tight [REDACTED]
- CUSTOMER CONCERN, THE AM RADIO IS ALWAYS FUZZY. CUSTOMER ROUTINELY TUNES TO AM 760. THIS STATION WORK IN PREVIOUS VEHICLES THE CUSTOMER HAD. Compared to like vehicle, it had same reception on 760.
W No problem found.
- CUSTOMER CONCERN, TRANSMISSION LURCHES WHEN TAKING OFF. Couldn't verify, Trans takes off and
W Shifts smooth.
- CUSTOMER CONCERN, THERE IS A SMEAR ON THE FRONT WINDSHIELD
W Clean Window seems Fine Now [REDACTED]

grees

I HEREBY AUTHORIZE THE REPAIR WORK HEREIN SET FORTH TO BE DONE ALONG WITH THE NECESSARY MATERIAL AND AGREE THAT YOU ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND YOUR CONTROL OR FOR ANY DELAYS CAUSED BY UNAVAILABILITY OF PARTS OR DELAYS IN PARTS SHIPMENTS BY THE SUPPLIER OR TRANSPORTER. I HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANICS LIEN IS HEREBY ACKNOWLEDGED ON THE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO.

ALL REPAIRS SUBJECT TO A MINIMUM OF .5 DIAGNOSTIC TIME.

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. IF REPAIRS ARE NOT PAID IN FULL IN THIRTY DAYS 2.5% OF THE TOTAL BILL WILL BE ADDED MONTHLY.

WAIVER OF ESTIMATE

I, [REDACTED] VOLUNTARILY REQUEST ORDUS FORD LINCOLN, REGISTRATION NO: #F105715 TO PROVIDE SERVICES OR PARTS IN THE REPAIR OF THE ABOVE DESCRIBED MOTOR VEHICLE WITHOUT RECEIVING AN ESTIMATE OF REPAIRS. BY SIGNING THE FORM, I UNDERSTAND THAT I WILL GIVE UP MY RIGHT TO: 1. RECEIVE A WRITTEN ESTIMATE OF THE COST FOR REPAIRS. 2. APPROVE IN ADVANCE ANY REPAIRS OR COSTS WITH A TOTAL COST UNDER \$ [REDACTED] AND 3. REFUSE TO PAY FOR REPAIRS WITH A TOTAL COST LESS THAN THE AMOUNT STATED ABOVE.

THE FACILITY MAY EXCEED THE AMOUNT STATED ABOVE ONLY AFTER I GIVE MY ORAL OR WRITTEN APPROVAL.

DATE: [REDACTED] TIME: [REDACTED] CUSTOMER SIGNATURE: [REDACTED]

Customer's Signature X

CHRYSLER

DODGE

Jeep



LINCOLN