



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 30-JUL-2019  
**OCT 30 2019**  
Repository   
Reference No. 11240554

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City MIAMI BEACH State FL 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: 1FADP3K22EL [REDACTED]  
Make FORD Model FOCUS Model Year 2014  
Date Purchased 20 Dealer's Name and Telephone Number METRO FORD Engine: No: Cylinders 4 Fuel Type: GAS  
Original Owner  Dealer's City MIAMI State FL Zip Code 33150  
Transmission Type AUTO  Antilock Brakes  Cruise Control Powertrain Multiple Failure: Incident Date(s) 16-FEB-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 100000 POWER TRAIN Failure Mileage 3500 Failure Speed 1

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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 N/A Number of Deaths N/A 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 2014 FORD FOCUS. ON SEVERAL OCCASIONS, WHILE DRIVING BETWEEN 1-45 MPH, THE VEHICLE FAILED TO RESPOND WHEN THE ACCELERATOR PEDAL WAS DEPRESSED. THE VEHICLE WAS TAKEN TO METRO FORD (LOCATED AT 9000 NW 7TH AVE, MIAMI, FL 33150, (305) 751-9711) ON SEVERAL OCCASIONS WHERE IT WAS DIAGNOSED THAT THE CLUTCH IN THE TRANSMISSION NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED, BUT THE FAILURE RECURRED. THE CONTACT STATED THAT THE CLUTCH HAD BEEN REPLACED ONCE EVERY YEAR SINCE THE VEHICLE WAS PURCHASED. THE VIN WAS NOT AVAILABLE TO VERIFY WHETHER THE VEHICLE WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 13V523000 (POWER TRAIN). THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 3,500. **CURRENT MILEAGE ON VEHICLE IS**

**ALSO, WHEN ACCELERATING BETWEEN 0-45 MPH THE CAR JUMPS AND BACKS WHILE TRYING TO SHIFT INTO THE NEXT GEAR. CONSISTENTLY HAPPENS BETWEEN FIRST AND SECOND GEAR AND SECOND AND THIRD GEAR. ALSO BACKS →**

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)

AND JUMPS CONSISTENTLY WHILE DECELERATING FROM 3RD → 2ND GEAR  
AND 2ND → 1ST GEAR.

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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

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**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**



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