



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 <input type="checkbox"/>
29-AUG-2019	Reference No. 11252276

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address			Evening Telephone Number			
City	State	Zip Code				
NORTH LAKE	IL					

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 1FADP3F28G		Make FORD	Model FOCUS	Model Year 2016
Date Purchased 12/18/2016	Dealer's Name and Telephone Number AL PREMONTE FORD 866-259-8878		Engine: No: Cylinders 4	Fuel Type: FLEX
Original Owner <input type="checkbox"/>	Dealer's City MEEROSE PARK	State IL	Zip Code 60160	
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: YES	Incident Date(s) 10 AUG 2019 2/6/19 2/13/19 2/14/19

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage 99000	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).

TL* THE CONTACT OWNS A 2016 FORD FOCUS. THE CONTACT STATED THAT THE VEHICLE WOULD NOT ACCELERATE OR SHIFT INTO REVERSE. THE VEHICLE COULD NOT BE DRIVEN AND THE TRANSMISSION WARNING INDICATOR ILLUMINATED. THE VEHICLE WAS DRIVEN TO AN INDEPENDENT MECHANIC WHO DIAGNOSED THAT A NEW TRANSMISSION AND CLUTCH NEEDED TO BE INSTALLED. THE VEHICLE WAS REPAIRED, BUT THE FAILURE LATER RECURRED. THE VEHICLE WAS TAKEN BACK TO A MECHANIC AND A SENSOR WAS REPLACED, WHICH ALSO FAILED. THE VEHICLE WAS TAKEN BACK TO THE MECHANIC TWO MORE TIMES FOR REPAIRS, BUT THE FAILURE RECURRED BOTH TIMES. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND DID NOT ASSIST. THE DEALER WAS NOT CONTACTED, THE FAILURE MILEAGE WAS 99,000.

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.



ELMHURST 180 W. Grand Ave., Elmhurst, IL 60126 630-832-6800
 FAX: 630-832-6806
 CHICAGO 4152 W. Grand Ave., Chicago, IL 60651 773-384-9500
 FAX: 773-384-9565

TERMS COD <input type="checkbox"/> CHARGE <input type="checkbox"/>	CUST. ORD. NO. PO#	CUSTOMER SALES TAX NO.
NAME [REDACTED]		APT. [REDACTED]
CITY Northlake		STATE IL
PHONE-HOME [REDACTED]	MILEAGE 9920	DATE DELIVERED
YEAR & MAKE 2004 Ford Focus	MODEL	WRITTEN BY [REDACTED]

QTY	PARTS DESCRIPTION	AMOUNT
	REBUILT EXCHANGED TRANSMISSION	-
	REBUILT EXCHANGED TORQUE CONVERTER	
6	TRANSMISSION FLUID	
1	Clutch Kit	1895.00
1	Rebuilt Transmission	

DESCRIPTION OF WORK	AMOUNT
2.0 INSTALLED <input type="checkbox"/> TRANS _____ <input type="checkbox"/> CONV _____	
TOW FROM <input type="checkbox"/>	
REQUIRED REPAIRS <input type="checkbox"/>	
SUGGESTED REPAIRS <input type="checkbox"/>	
Rebuilt Transmission & Clutch parts labor all fluids & pad set	600.00
Paid 2495.00 in full	

ADDITIONAL PARTS LISTED ON OTHER SIDE THIS PAGE TOTAL 1895.00

ESTIMATE WARRANTY CONTRACT
 COMPLETION DATE IF PARTS AVAILABLE

ILLINOIS 1998 MOTOR VEHICLES - AUTOMOTIVE REPAIR ACT

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate, but will not exceed the estimate by more than 10% without your consent. You may waive your right to a written estimate and require that you be notified if the price exceeds an amount you have specified.

You may waive your right to an estimate, which gives the repair shop the right to set the price without your permission.

QUESTIONING ABOUT PRICE

YOUR SIGNATURE BELOW INDICATES YOUR SELECTION: choose (a), (b), or (c)

(a) I request an estimate in writing before you begin repairs. Signature _____

(b) Proceed with repairs but call me for approval before continuing if price exceeds \$ _____
Signature _____

(c) I do not want an estimate and you may set the price of repairs.
Signature _____ Date _____ Time _____

Total Revised Cost \$ _____ Explanation _____
Date/Time called _____ Phone _____ Ok'd by _____

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery. You will not be held responsible for loss of articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Authorized by: _____

I understand and accept the warranty policy on the back of this invoice.

Accepted by: _____

TOTAL LABOR	600.00
TOTAL PARTS	1895.00
SUB TOTAL	2495.00
MISC. HANDLING CHARGES	
TAX	157.60
TOTAL	2646.60