

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

OR AGENCY USE ONLY 100148

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
20-APR-2020	Reference No. 11321728
JUL 16 2020	

OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
Name	[REDACTED]			[REDACTED]	[REDACTED]
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	JACKSONVILLE	State	FL	Zip Code	[REDACTED]
				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 1FADP3K26GL [REDACTED]	Make FORD	Model FOCUS	Model Year 2016
Date Purchased 7/14/19	Dealer's Name and Telephone Number BOZARD FORD / 904-387-6541	Engine: No: Cylinders 4	Fuel Type: injection
Original Owner <input checked="" type="checkbox"/>	Dealer's City JACKSONVILLE	State FL	Zip Code 32210
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: TCM
			Incident Date(s) 27-DEC-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage 189000	Failure Speed 70
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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 WHILE DRIVING APPROXIMATELY 70 MPH, THE VEHICLE STALLED WITHOUT WARNING. THE CONTACT COASTED TO THE SHOULDER AND CALLED A TOW TRUCK. THE VEHICLE WAS TOWED TO BOZARD FORD (540 OUTLET MALL BLVD, SAINT AUGUSTINE, FL 32084), WHERE IT WAS DETERMINED THAT THE TRANSMISSION CONTROL MODULE NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 189,000.

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 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.