

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		FOR AGENCY USE ONLY 100148	
		Date Received 28-APR-2020 JUL 16 2020	Repository <input type="checkbox"/>		
		Reference No. 11322506			
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
ROCHESTER	NY				
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 1FADP3F25GL		Make FORD	Model FOCUS	Model Year 2016	
Date Purchased 10/2016	Dealer's Name and Telephone Number Cortese Ford 585-277-3280		Engine: No: Cylinders	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City Rochester	State NY	Zip Code 14623		
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:		Incident Date(s) 18-MAR-2020	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 120000 LIGHTING (PWS), 110000 ELECTRICAL SYSTEM Body control module			Failure Mileage 34600	Failure Speed 35	
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 0	Number of Deaths 0	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 APPROXIMATELY 35 MPH AND ATTEMPTING TO MAKE A TURN, THE HEADLAMPS AND INSTRUMENT PANEL BECAME INOPERABLE. THE CONTACT STATED THAT THERE WAS NO WARNING PRIOR TO THE FAILURE. THE VEHICLE WAS TAKEN TO CORTESE FORD SERVICE DEPARTMENT (2500 W. HENRIETTA RD, ROCHESTER, NY 14623, (585)277-3280) TO BE DIAGNOSED. THE CONTACT WAS INFORMED THAT THE BODY CONTROL MODULE NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 34,600.					
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.					