

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 25-MAY-2020 JUL 16 2020		Repository <input type="checkbox"/> Reference No. 11325861	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Zip Code	
CLANTON		AL		[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		Make		Model	
1FAHP3FN2AW [REDACTED]		FORD		FOCUS	
Date Purchased		Dealer's Name and Telephone Number		Engine:	
[REDACTED]		[REDACTED]		No: Cylinders	
Original Owner <input type="checkbox"/>		Dealer's City		State	
[REDACTED]		[REDACTED]		Zip Code	
Transmission Type		Powertrain		Multiple Failure:	
Auto		<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control		Incident Date(s) 23-MAY-2020	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 010000 STEERING, 110000 ELECTRICAL SYSTEM				Failure Mileage	
				197000	
				Failure Speed	
				0	
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	
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).					
IGNITION SWITCH BINDING UP AND THE SWITCH WILL NOT START THE CAR WHEN TURNING THE KEY IN THE SWITCH! Replaced Ignition Switch Housing / and Security bolt and Replaced Car Battery on 29 MAY 2020 \$134 - Ignition Switch Housing w security Bolt. \$150 - Car Battery.					
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.					