

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

National Highway Traffic Safety Administration
 1-888-DASH-2-DUI (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 24-FEB-2022
 Repository:
 Reference No.: 11453868

OWNER INFORMATION (Type or Print)
 Name: [REDACTED]
 Address: [REDACTED]
 City: Clifton Park State: NY ZIP Code: [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: 1-FAH P34N86W [REDACTED] (VIN)
 MAKE: FORD MODEL: FOCUS
 Date Purchased: [REDACTED] Dealer's Name and Telephone Number: JACK Byrne
 Original Owner: Dealer's City: Mechanicville, NY STATE: NY ZIP Code: [REDACTED]
 Transmission Type: AUTOMATIC Antilock Brakes: Cruise Control:
 Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 03-FEB-2022 This is correct.

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 030000 BRAKES (PWS)
 My car was stuck AT GROTONS TOWING ROUTE 9 Clifton Park NY
 Failure Mileage: 140000.0 Failure Speed: 20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: 4 new tires Tire Model: FIRESTONE Tire Size: 205 55R15
 DOT No. (Example: DOTMAL 9ABC036) Original Requirement: Prior Repair: 1300 Failure Location: [REDACTED]
 Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: FORD Date Manufactured: 2006 Model No./Name: 4 DOOR FOCUS
 Seat Type: 4 DOOR FOCUS Installation System: Every thing unregulated
 Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION
 (Please describe in detail the Incident(s), Failure(s), Crash(es), Injury(ies).)

Crash: Yes No Fire: Yes No
 Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), 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).

The contact owned a 2006 Ford Focus. The contact stated that while driving at 20 MPH and depressing the brake pedal, the vehicle failed to stop and as a result, the contact rear-ended another vehicle. The contact mentioned that when he would depress the brake pedal the faster the vehicle increased in speed. The air bag failed to deploy. The contact's face was covered in blood, shoulder and hip injuries. The contact received medical attention via ambulance to the hospital. The other driver did not sustain any known injuries. A police report was not filed. The vehicle was towed to a tow yard. The vehicle was destroyed. The manufacturer was not made aware of the failure. The failure mileage was approximately 140,000. The VIN was not available.

I take excellent reactions normally - I never tail gate - HAVE when someone does that. I have been to ALBANY medical center TWICE. My equalization is still off. Feb. 2006 4 a 5 days - next check up 3:30 PM until 7 in the morning. They said BLOOD was flowing in my nose but eventually dried up small broken bones - SAID I did NOT need an operation - The bones will come together naturally. I have not been the same since - My health is better but my right side where I passed out after wind on concrete still gives me trouble. I had no collar I am with Lee STATE FARM Route 146 Seneca NY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I was following a car (50 ft or so) she slowed down I thought I better put on the brake (JUST the same as the description on other side) My left foot was on the floor My RIGHT was trying to brake and gas was coming through until the more I used the brake the faster the car was going. I must have hit her going at least 55. My hood popped up like an accordion. - she had some fake slipshoes It was one of the most frightening experiences, one could ever have I bought for understanding - see my dot dot display & Hub

ATTACH ADDITIONAL SHEETS IF NECESSARY

ALBANY NY 120

15 JUN 2022 PM 2 L



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

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

W48-226



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



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

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



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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NEF-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer; or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

I also made a report TO FORD MOTOR COMPANY Relationship Center

Sincerely,
[Redacted]

Please Contact

*Then they have all personal items
HOSPITAL ALBANY medical center
ALBANY, NEW YORK - you have my
permission to have them sent to you!*

Randy Reid
Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

*The did not take my experience into account
AS you did THANK YOU!
I feel for other people
on the Web.*

My telephone is [Redacted]

Enclosure: VOQ

CASE NUMBER
CAS [Redacted]



*Between 2 Main Highways 146 and 159 - I imagine I would not come a die on full one
Thank you so much - I was on old 146
clean up on a main H.W. - I would be going 80 MPH*

PLEASE CHECK NAME(S) LISTED FOR ACCURACY

The name(s) printed below must match the name(s) shown on your registration with regard to spelling and number of characters for the insured vehicle. If they do not match, you may not be able to register your vehicle or may be subject to other action by the DMV. Please contact your agent for information and assistance if the name(s) do not match.

[REDACTED] J
CLIFTON PARK NY [REDACTED]
[REDACTED]

COMPANY
CODE

Name & Address of Issuer

State Farm Mutual Automobile Insurance Company
PO Box 8000
Ballston Spa NY 12020

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic law to:



POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

[REDACTED] FEB 06 2006 12:01 a.m. AUG 04 2006 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)
Applicable with respect to the following Motor Vehicle

Year

Make

REPLACEMENT VEHICLE

CLIFTON PARK NY

2006

FORD

Vehicle Identification Number

1FAHP34N86W1 [REDACTED]

AGENT PHONE # [REDACTED]

THIS CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if financial security is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) TRANSACTION USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20 (4-72)

IF YOU HAVE AN ACCIDENT - NOTIFY POLICE IMMEDIATELY

1. Write down names, addresses, telephone numbers, and license numbers of persons involved and of witnesses. Also write down the license plate number and state of each vehicle involved.
2. Notify your agent promptly. (If any injuries, phone nearest State Farm Agent or Claim Office. If necessary, call information in nearest large town.)
3. Do not admit fault, do not discuss the accident with anyone except State Farm or Police.

130-4180 NYpROL

1. Attached are two identical insurance I.D. cards. They are to be used to verify coverage and include your name, address, policy number, effective date, expiration date and a description of the insured vehicle.

2. One of the cards must be kept in the vehicle at all times, preferably in the glove compartment. It must, upon demand, be shown to a police officer, judge, hearing officer, or a person with whom you or the driver of your car is involved in an accident. You may also ask to see the other driver's I.D. card. A driver's failure to show the I.D. card at the request of a police officer is presumptive evidence of operating an uninsured vehicle for which the driver may be given a summons.

3. The other I.D. card should be kept in a safe place. It must be presented to the Department of Motor Vehicles for any type of registration transaction involving the insured vehicle including renewal, amendment, and replacement of plates or stubs. The card will be held by the Department to verify insurance coverage.

4. If you lose your I. D. cards or discover an error, please contact your agent for replacement or corrected cards. Do not contact the Department of Motor Vehicles.

5. **WARNING:** These cards become void and useless if the policy identified by the cards expires or is terminated. Use after policy expiration or termination may be a violation of New York law. Fraudulent use of an I.D. card is a misdemeanor. Failure to return registration items on an uninsured motor vehicle can result in license and/or registration suspension or revocation. Operating or permitting operation of an uninsured motor vehicle can result in a heavy fine and/or imprisonment, in addition to a civil penalty.

NEW YORK STATE
DRIVER LICENSE

[REDACTED]
[REDACTED]
[REDACTED]
CLIFTON PK NY
SEX M EYES HA HT: 5-11 CLASS D
ISSUED 08-06-02 EXPIRES 08-07-10
[REDACTED]



[Redacted]

ENDORSEMENTS:
(NONE) *None*

RESTRICTIONS:
(NONE) *None*

[Redacted]

[Redacted]

[Redacted]

I HEREBY MAKE AN ANATOMICAL GIFT,
TO BE EFFECTIVE UPON MY DEATH, OF

A. ANY NEEDED ORGANS OR PARTS
 B. THE FOLLOWING BODY PART(S):

C. LIMITATIONS: *None*

SIGNATURE: *[Signature]*

WITNESS: *[Signature]*

DATE: _____

ORGAN DONOR INFORMATION