

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p style="text-align: center;">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</p>	<p style="text-align: right;">FOR AGENCY USE ONLY 100148</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">Repository <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">26-MAY-2022</td> <td style="text-align: center;">Reference No. 11466241</td> </tr> </table>	Date Received	Repository <input type="checkbox"/>	26-MAY-2022	Reference No. 11466241
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OWNER INFORMATION (Type or Print)			
Name	Address	City	State
		Somerset	MA
		ZIP Code	
		Daytime Telephone Number	E-mail Address
		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 1fadp3f27g		MAKE FORD	Model Year 2016
Date Purchased 5-19-21	Dealer's Name and Telephone Number Hagerstown Ford 3017333673		Engine: No: Cylinders 4
Original Owner <input type="checkbox"/>	Dealer's City Hagerstown	STATE MD	ZIP Code 21740
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 01-FEB-2022

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Components Codes: 103000 POWER TRAIN:AUTOMATIC TRANSMISSION		Failure Mileage 79000.0
		Failure Speed 30-50 mph

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: DOTMAL 9ABC036)	<input type="checkbox"/> Original Requirement <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			
<i>(Please describe in detail the Incident(s), Failure(s), Crash(es), Injury(ies).)</i>			
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), 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 owns a 2016 Ford Focus. The contact stated while at a traffic light and attempting to accelerate, the vehicle started shuddering while shifting gear. There were no warning lights illuminated. The contact drove the vehicle to an independent mechanic. The vehicle was diagnosed and the contact was informed that the DPS6 clutch needed to be replaced. The vehicle was not repaired. The manufacturer was notified of the failure. The failure mileage was 79,000.