

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration**DOT Auto 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

FOR AGENCY USE ONLY 100148

Date Received

27-MAR-2023

Repository ☐Reference No.
11513946**OWNER INFORMATION (Type or Print)**

Name			
Address			
City	Conroe	State	TX
		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 WF0DP3TH0H4		MAKE FORD	Model FOCUS	Model Year 2017
Date Purchased	Dealer's Name and Telephone Number Gullo Ford of Conroe 9362428040		Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City Conroe	STATE TX	ZIP Code 77301	
Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 19-FEB-2023

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 070000 FUEL SYSTEM, GASOLINE, 060000 ENGINE (PWS)	Failure Mileage 38000.0	Failure Speed
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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: DOTM1 9ABC036)	☐ Original Requirement ☐ 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), Injury(ies).)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 2017 Ford Focus. The contact stated the check engine warning light was illuminated. The vehicle was taken to the local dealer, where it was diagnosed that the vapor management valve, part number: BV6Z9D289E, needed to be replaced. However, the part was on backorder. The vehicle was not repaired. The contact stated that the failure was related to NHTSA Campaign Number: 19V515000 (Fuel System, Gasoline). The manufacturer was not notified of the failure. The failure mileage was approximately 38,000.

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 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.