Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 09-APR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 760478

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Location of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
3FAHP31391R171278	FORD	FOCUS	2001	

Purchase Dat: 01-MAY-2001 ☒ New ☐ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 2.0
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	10-MAR-2002		
	Mileage at Failure(s 1'000		
	Vehicle Speed at Failure(s) 20	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I WAS IN A 20 MILE PER HOUR ACCIDENT AND THE AIRBAG DEPLOYEDAND BURNED MY ARM . I RECEIVED SECOND DEGREE BURNS TO MY LEFT ARM AND WILL HAVE PEMANENT TISSUE DAMAGE TO IT. I WAS NEVER IN ANY DANGER THAT THE AIR BAG NEEDED TO GO OFF, AND WAS THE ONLY INJURED PERSON IN THIS ACCIDENT . I WOULD NOT HAVE BEEN HURT AT ALL IF THE AIRBAG HAD NOT GONE OFF. MY HANDS WERE IN THE 10 AND 2 POSITION AND IT SEEMS THAT THE VENTILATION TUBES ON THE BACK AIRBAG RELEASE THE 300 DEGREE CHEMICLES RIGHT ON TO YOUR HAND. *AK

CONTINUE OTHER SIDE IF NEEDED