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 1039

Date Received: 07-JAN-2002

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

Reference No.: 8001668

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
3FAHP31301R179138	FORD	FOCUS	2001	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

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
12110000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	27-DEC-2001		
	Mileage at Failure(s 5	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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				☐ Yes ☐ No

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

AIRBAG LIGHT WAS ON. LIGHT STAYS ON WHILE VEHICLE IS RUNNING. CONTACTED DEALER,AND DEALER STATED TO BRING VEHICLE IN. *AK

CONTINUED ON REVERSE

Form Approved. O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received: FEB 27 AM 7-JAN-2002

EFFECTS

Od_or
rt_dt
bd_rt
up_itr

Reference No. 8001668

OWNER INFORMATION (Type or Print)

[redacted] 732329

Work Number

Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of [redacted] your name and address to the vehicle manufacturer. ☒ YES ☐ NO

Signature of Owner [redacted] Date 2/8/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
3FAHP31301R179138	FORD	FOCUS	2001	~2000

Purchase Date 12/27/01 ☐ New ☒ Used

Dealer's Name FREMONT - MAGNUSSEN FORD

City FREMONT State CA Zip Code

Engine Size (CID/CC/L)

No Cylinders 4

☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

Transmission Type: ☒ Manua ☐ Automatic

Antilock Brakes: ☒ Yes ☐ No

Restraint System: ☒ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Bel ☒ Passengerside Airbag

Cruise Contro: ☒ Yes ☐ No

Drive Tra: ☐ Fron ☐ Rear ☐ 4-Wh el

Vehicle Type: ☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ut ☐ Truck ☐ Motorcycle

Body Style: ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Loc:	Failed Part(s)
12110000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	☐ eft ☐ ront ☐ Right ☐ Rear	☒ Original ☐ Replacemen

No of Failures

Date(s) of Failure(s) 27-DEC-2001
Mileage at Failure(s) 5
Vehicle Speac at Failure(s)

Failed Part(s): ☒ Yes ☐ No

NHTSA Previously: ☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	0	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCID NT(S), INJURY(IES)

AIRBAG LIGHT WAS ON. LIGHT STAYS ON WHILE VEHICLE IS RUNN IG. CONTACTED DEALER,AND DEALER STATED TO BRING VEHICLE IN. *AK

CONT NUE ON BACK IF NEEDEC