Form Approved: OMB No. 2127-0001

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 252

Date Received: 30-JAN-2002

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

Reference No. 8003274

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FASP34P31W121382	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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02100000	SUSPENSION:INDEPENDENT FRONT	☐ Left ☐ Front ☐ Right ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Mileage at Failure(s	Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
	24-JAN-2002	2489		☐ 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				☐ Yes ☒ No

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

A ROARING AND GRINDING NOISE WAS COMING FROM FRONT WHEELS. DEALERSHIP WAS AWARE OF PROBLEM.*AK

CONTINUE OTHER SIDE IF NEEDED

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 252

Date Received: 30-JAN-2002 — DEFECTS INVESTIGATION

Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. 8003274

Work Number

Home Number [redacted]

OWNER INFORMATION (Type or Print)

[redacted]6677

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

Signature of Owner [redacted] Date 2/11/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located on the windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FASP34P31W121382	FORD	FOCUS	2001	

Purchase Date NEW 10/22/00 ☐ New ☒ Used

Dealer's Name LONG BEACH PACIFIC FORD 3600 CHERRY AVE

City LONG BEACH State CA Zip Code 90807

Engine Size (CID/CC/L) 2.0L No. Cylinders 4

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type: ☒ Manual ☒ Automatic

Antilock Brakes: ☐ Yes ☐ No

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

Cruise Control: ☒ Yes ☐ No

Drive Train: ☒ Front ☐ Rear ☐ 4-Wheel

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

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02100000	SUSPENSION-INDEPENDENT FRONT	☒ Left ☒ Front ☒ Right ☒ Rear	☒ Original ☒ Replacement

No of Failures: 5

Date(s) of Failure(s): 24-JAN-2002 12/26/00, 5/5/01, 1/28/02, 2/11/02
Mileage at Failure(s): 2499
Vehicle Speed 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	N/A	N/A	N/A	☐ Yes ☒ No

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

A ROARING AND GRINDING NOISE WAS COMING FROM FRONT WHEELS. DEALERSHIP WAS AWARE OF PROBLEM. AK

NOTE: SOMETHING WRONG
BRAKES SHOULD NOT
BE GRINDING + MAKING
NOISE LIKE THAT EVERY
(2) TWO MONTHS.
THANK YOU

CONTINUE ON BACK IF NEEDED

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DEFECTS INVESTIGATION

Od_or ____
rt_dt ____
od_rt ____
up_llr ____

Reference No. 8003274

Work Number
Home Number [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 736677

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 MAY NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 2/11/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located on driver's side of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FASP34P31W121382	FORD	FOCUS	2001	

Purchase Date NEW 10/22/00
☐ New ☒ Used

Dealer's Name LONG BEACH PACIFIC FORD
City LONG BEACH State CA Zip Code 90807

Engine Size (CID/CC/L) 2.0L
No. Cylinders 4
☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injection

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Cruise Control: ☑ Yes ☐ No
Drive Train: ☑ Front ☐ Rear ☐ 4-Wheel
Vehicle Type: ☑ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utility Truck ☐ Motorcycle
Body Style: ☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02100000	SUSPENSION:INDEPENDENT FRONT	☑ Left ☑ Right ☑ Front ☑ Rear	☑ Original ☑ Replacement

No of Failures: 5
Date(s) of Failure(s): 24-JAN-2002 12/22/00, 5/5/01, 11/14/01
Mileage at Failure(s): 2489 1/28/02, 2/11/02
Vehicle Speed 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	N/A	N/A	N/A	☐ Yes ☒ No

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

A ROARING AND GRINDING NOISE WAS COMING FROM FRONT WHEELS. DEALERSHIP WAS AWARE OF PROBLEM. AK

NOTE: Something wrong
BRAKES should not
be grinding + making
noise like that every
(2) Two months.

CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 26)

[redacted]

recycled

OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE X

ESTIMATED PRICE $

DISPATCH # | VEHICLE ID NO | YEAR/MAKE/MODEL

S E R V I C E

[redacted]