



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 231

Date Received

23-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008323

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 at bottom of windshield and driver's side)		Vehicle Make FORD	Vehicle Model FOCUS	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN BRAKES ARE APPLIED THERE IS AN EXTENDED STOPPING DISTANCE. FORD HAS REPAIRED VEHICLE ONCE UNDER AVERSIVE RECALL. PLEASE PROVIDE FURTHER INFORMATION.*AK

COPIES OF THIS FORM ARE:

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 to 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.

U.S. Department
of TransportationNational 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

231

Date Received

23-APR-2002

OFFICE

DEFECTS INVESTIGATION

Od. or

rt. dl

od. rt

up. ltr

Reference No.

8008323

OWNER INFORMATION (Type or Print)

749767

Work

Home

Do you authorize NHTSA to send information to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 5/1/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of
windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

3FAFP33X1R240478

FOCUS ZX9

2000

36,000

Purchase Date

9/29/00

Dealer's Name CLEVELAND FORD

Engine Size 2.0

No Cylinders 4

☐ Turbo
☐ Diesel
☒ Gas

Fuel Injectio

☒ New ☐ Used

City CLEVELAND State TX Zip Code 77328

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☒ 3-Point Bel:☐ Motorbelt☐ Yes☒ Front☐ Sport Ult☒ 2-Door☒ Automatic☐ No☐ Driverside Airbag☐ 2-Point Bel☒ No☐ Rear☐ Truck☐ Stationwagon☒ Passengerside Airbag☐ Other☐ Pick Up☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

Part Name(s)

Location

Failed Part(s)

03200000

BRAKES:HYDRAULIC SYSTEM

☒ Left☐ Front☒ Right☐ Rear☐ Original☐ Replacement

No of Failures

2

Date(s) of Failure(s)

11/01 2/02

Mileage at Failure(s)

22,000 + 33,000

Vehicle Speed at Failure(s)

ALL SPEEDS

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)

WHEN BRAKES ARE APPLIED THERE IS AN EXTENDED STOPPING DISTANCE. FORD HAS REPAIRED VEHICLE ONCE UNDER AVERSIVE RECALL. PLEASE PROVIDE FURTHER INFORMATION.*AK

BRAKES WERE REPLACED (REAR) BY FACTORY RECALL A 22,000 MILES. BRAKES WERE COMPLETELY WORN OUT AGAIN AT 33,000 MILES. FORD REFUSES TO FIX PROBLEM.

CONTINUE ON BACK IF NEEDED