



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 798

Date Received

07-JUN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8011275

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

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                                  |                                                                                                                                          |                                                                                             |
|-----------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>12111000 | Part Name(s)<br><b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</b>                                    | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) <b>26-APR-2002</b><br>Mileage at Failure(s) <b>9148</b><br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured<br><b>1</b> | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

**VEHICLE WAS INVOLVED IN A MINOR COLLISION IN WHICH DRIVER'S AND PASSENGER'S AIR BAGS DEPLOYED, AND PASSENGER SUSTAINED MAJOR INJURIES. DEALER HAS BEEN NOTIFIED. PLEASE GIVE ANY FURTHER DETAILS.\*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 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 798

Date Received

02 JUN 2002  
07-JUN-2002
 Od\_or  
rt\_dt  
od\_rt  
up\_ftr

DEFECTS INVESTIGATION

Reference No.

004275

## OWNER INFORMATION (Type or Print)

757852

ANNISTON

AL

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

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

Signature of Owner

Date 1816102

## VEHICLE INFORMATION

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

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

1FAEP34321W342789

FORD

FOCUS

2001

10168

Purchase Date

08-08-01

Dealer's Name Sunny King Ford

Engine Size  
(CID/GAL)

2.0

☐ Turbo  
☐ Diesel  
☐ Gas  
☒ Fuel Injection
☒ New ☐ Used

City ANNISTON State AL Zip Code 36201

No Cylinders

4

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☒ 3-Point Belt☐ Motorbelt☐ Yes☒ Front☐ Sport Ult☐ 2-Door☒ Automatic☒ No☒ Driverside Airbag☐ 2-Point Belt☒ No☐ 4-Wheel☐ Minivan☐ Motorcycle☒ 4-Door☐ Stationwagon☐ Pick Up☐ Truck

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12111000

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 26-APR-2002

Mileage at Failure(s) 0148 Should Read 10148

Vehicle Speed at Failure(s) 10 To 15 MPH NOT 35MPH As Police

Est. Repeat said

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

1

Number of Fatalities

Estimated Property Damage

UNKNOWN  
For Now?

Reported to Police

☒ Yes☐ No

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

VEHICLE WAS INVOLVED IN A MINOR COLLISION IN WHICH DRIVER'S AND PASSENGER'S AIR BAGS DEPLOYED, AND PASSENGER SUSTAINED MAJOR INJURIES. DEALER HAS BEEN NOTIFIED. PLEASE GIVE ANY FURTHER DETAILS.\*AK

CONTINUE ON BACK IF NEEDED

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Air Bags Deployed on Rebound as Car Front Moved up Under Camper  
I do not Believe The Seat Belts Function Properly My Chest Was Next To Steering  
Wheel When Air Bag Exploded My Son Head & Elbow's Was on The Dash  
My Right Forearm Broke The Windshield When Hitting Rearview Mirror, Left Forearm  
Hit Windshield & door frame, Wife Was Sitting Behind Son No Seat Belt on Her  
Right Air Bag did not Deploy Fully (There was Two Separate Bangs)  
None of the other two car was damaged at All, My Focus Front Has little  
OR NO damage (Photo Included) Visible damage Estimate By Sunny King Ford  
Body Shop \$3962.98, My Son has Regained 60% of Sight in Right  
Eye, Will have two Eye Ops, Maybe ~~two~~ Three, (Hope Not) 9

PAKED NOT Repaired yet

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

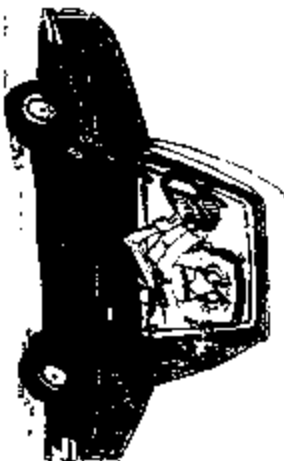
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

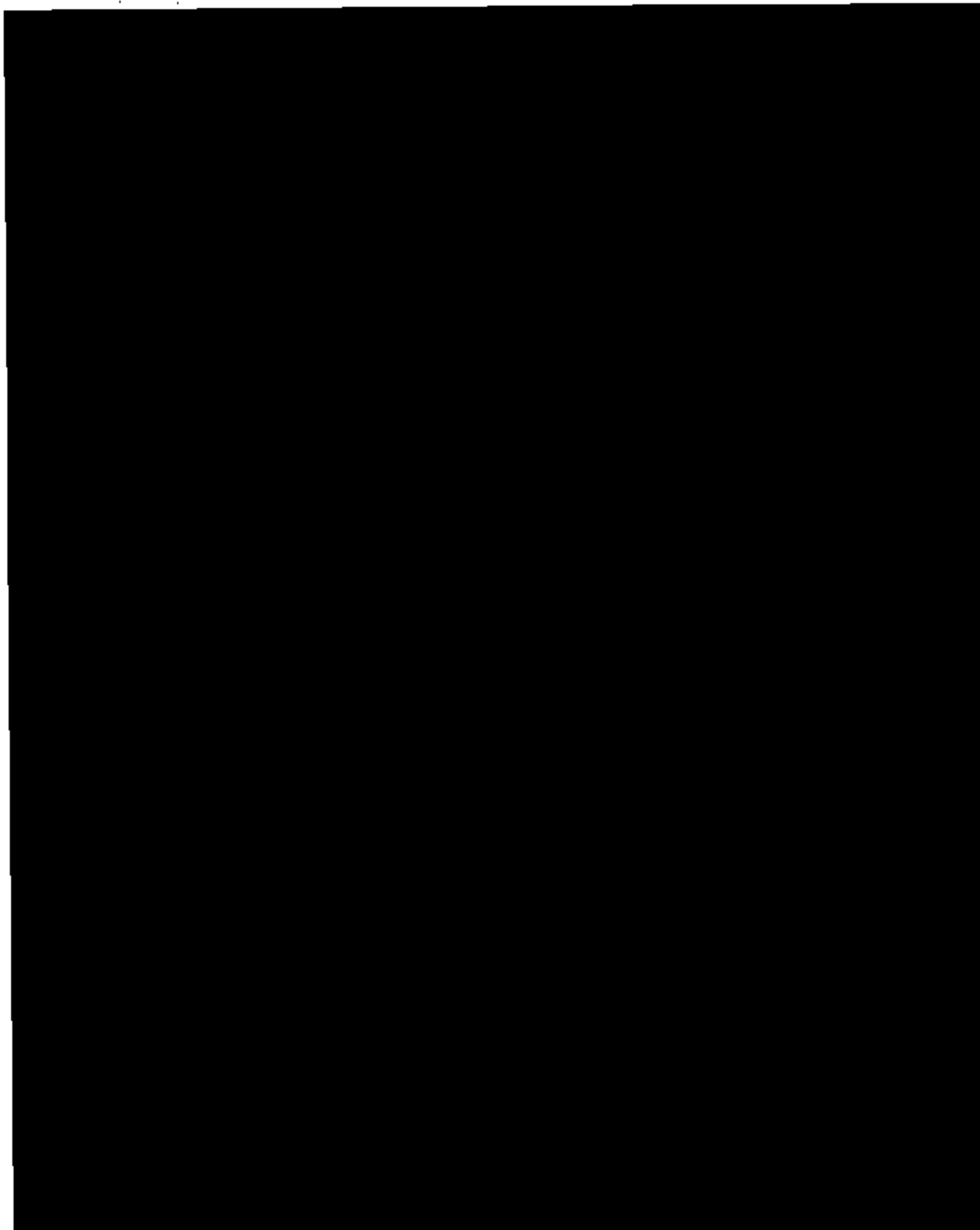
**1-888-327-4236**

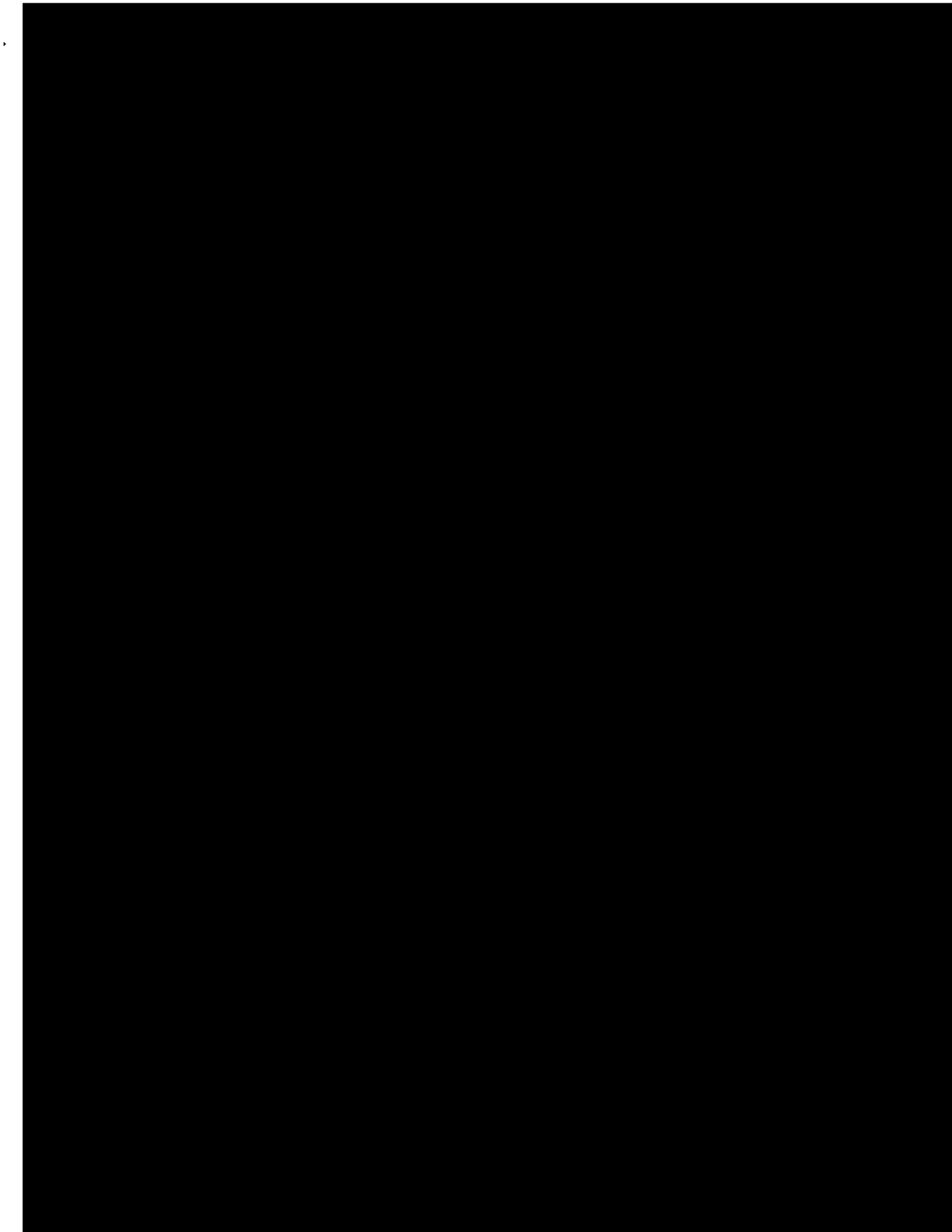
DOT Auto Safety Hotline  
(DASH) 2 DOT



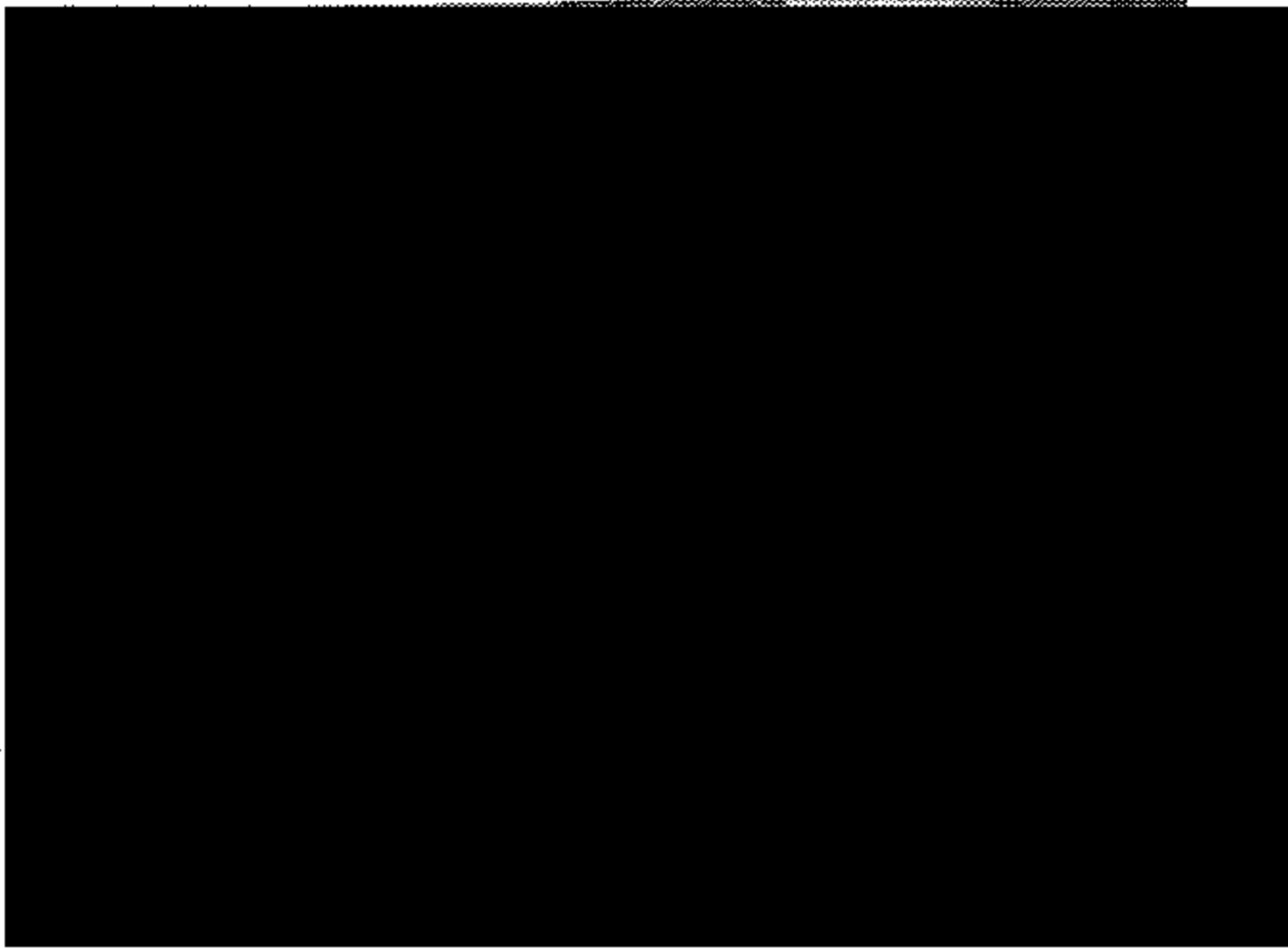
U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/ncma>

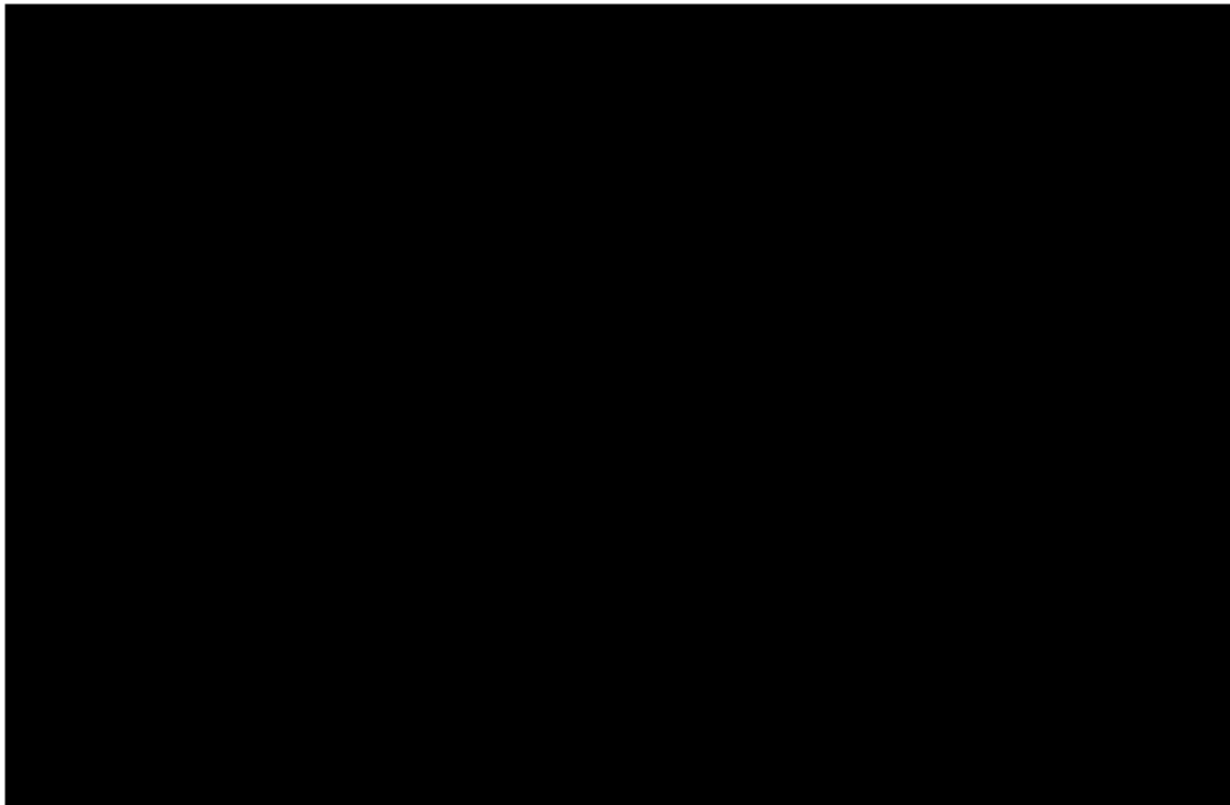












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