



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 1038

Date Received

27-NOV-2001

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

Reference No.

899488

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>(Locate at bottom of<br/>windshield and door side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FAFT36321W287015                                                                             | FORD         | FOCUS         | 2001         |                          |

|                                                                       |                                       |                           |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name                         | Engine Size<br>(CID/CC/L) | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____        |                                                                                                                                              |

|                                                                       |                                                             |                                                                                                                                                                                                              |                                                             |                                                                                                     |                                                                                                                                                                                                                                                |                                                                                                                                                                                               |
|-----------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type                                                     | Antilock Brakes                                             | Restraint System                                                                                                                                                                                             | Cruise Control                                              | Drive Train                                                                                         | Vehicle Type                                                                                                                                                                                                                                   | Body Style                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input 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 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <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>10323000 | Part Name(s)<br>VISUAL SYSTEMS:WINDSHIELD WASHER:FLUID RESERVOIR                                   | 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) 01-MAY-2001<br>Mileage at Failure(s) 2300<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 type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | 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)

WINDSHIELD WASHER FLUID RESERVOIR IS LOCATED UNDERNEATH FRAME OF VEHICLE, AND WASHER FLUID LEVEL CAN NOT BE DETERMINED. DEALER HAS YET TO BE CONTACTED. PLEASE PROVIDE 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.

| DOT Auto Safety Hotline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                                                                         | FOR AGENCY USE ONLY 1038                                                                                                                                       |                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                                                         | Date Received<br>27-NOV-2001<br>Reference No.<br>899488                                                                                                        |                                                                                                                                                                                                                                                              |
| OWNER-TYPE (Manufacturer, Dealer, or Other)<br>[Redacted] 727575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                         | Work Number<br>[Redacted]<br>Home Number<br>[Redacted]                                                                                                         |                                                                                                                                                                                                                                                              |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                         | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Date 12/4/01                                                                            |                                                                                                                                                                                                                                                              |
| Signature of Owner [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on inner left side)<br>1FAFT36321W287015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | Vehicle Make<br>FORD                                                                                                    | Vehicle Model<br>FOCUS                                                                                                                                         | Vehicle Year<br>2001                                                                                                                                                                                                                                         |
| Current Odometer Reading<br>2,911 mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| Purchase Date<br>5/20/01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dealer's Name<br>ELMHURST FORD                                                                              |                                                                                                                         | Engine Size (CID/CC/L)<br>2.0L/SP1                                                                                                                             |                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City<br>ELMHURST State<br>IL Zip Code<br>60126                                                              |                                                                                                                         | No. Cylinders<br>4                                                                                                                                             |                                                                                                                                                                                                                                                              |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  |                                                                                                                                                                | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag      |
| Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | Drive Train<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |                                                                                                                                                                | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other |
| Body Style<br><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| Component<br>10323000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Name(s)<br>VISUAL SYSTEM: WINDSHIELD WASHER FLUID RESERVOIR<br>UNDER LEFT FRONT FENDER                 |                                                                                                                         | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                                                                                                     |
| No. of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date(s) of Failure(s)<br>01-MAY-2001<br>Mileage at Failure(s)<br>2300<br>Vehicle Speed at Failure(s)<br>... |                                                                                                                         | 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 | Number of Persons Injured<br>NONE                                                                                       | Number of Fatalities<br>NONE                                                                                                                                   | Estimated Property Damage<br>NONE                                                                                                                                                                                                                            |
| Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| WINDSHIELD WASHER FLUID RESERVOIR IS LOCATED UNDERNEATH FRAME OF VEHICLE, AND WASHER FLUID LEVEL CAN NOT BE DETERMINED. DEALER HAS YET TO BE CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK<br>ONLY way to check Reservoir Fluid is under hood<br>a small container under hood of auto.<br>cannot see or check main Reservoir without taking Left Front wheel off                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |
| The Privacy Act of 1974-Public Law 93-57: 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. |                                                                                                             |                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                              |

**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 2)**

