



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

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

APR 23 2004

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

James Vondale, Director  
Automotive Safety Office, Environmental & Safety Compliance  
Ford Motor Company, Fairlane Plaza South  
330 Town Center Drive, Suite 500  
Dearborn, MI 48126

NVS-212cag  
PE04-033

Dear Mr. Vondale:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE04-033) to investigate allegations that one or both of the rear door latches do not lock, resulting in unintended opening of the rear doors on the Model Year (MY) 2000 Ford Focus vehicles manufactured by Ford Motor Company, and to request certain information.

This office has received 17 reports that the rear door latches do not lock in MY 2000 Ford Focus vehicles. The reports allege that the doors do not close all the way, and the latches do not hold the locked setting. While driving, and especially when turning a corner, a rear door latch may disengage and the door may open, even when the door is "locked." A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

**Subject vehicles:** all MY 2000 Ford Focus vehicles manufactured for sale or lease in the United States.

**Subject component:** left and right-side rear passenger door latches and locks including manual and power door locks assemblies on the subject vehicles.

**Ford:** Ford Motor Company, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Ford (including all business units and persons previously



DOT AUTO SAFETY HOTLINE  
888-DASH-2-DOT  
888-327-4236

referred to), who are or, in or after 1996, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

**Alleged defect:** one or both of the rear door latches do not lock, resulting in the rear doors opening while the vehicle is in motion.

**Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Ford, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by Ford or not. If a document is not in the English language, provide both the original document and an English translation of the document.

**Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Ford has previously provided a document to ODI, Ford may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Ford's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles Ford has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by Ford, state the following:
  - a. Vehicle identification number (VIN);
  - b. Make;
  - c. Model;
  - d. Model Year;
  - e. Date of manufacture;
  - f. Date warranty coverage commenced; and
  - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

2. State the number of each of the following, received by Ford, or of which Ford is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
  - a. Consumer complaints, including those from fleet operators;
  - b. Field reports, including dealer field reports;
  - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that

a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;

- d. Property damage claims;
- e. Third-party arbitration proceedings where Ford is or was a party to the arbitration; and
- f. Lawsuits, both pending and closed, in which Ford is or was a defendant or codefendant.

For subparts "a" through "d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and Ford's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
  - a. Ford's file number or other identifier used;
  - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
  - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
  - d. Vehicle's VIN;
  - e. Vehicle's make, model and model year;
  - f. Vehicle's mileage at time of incident;
  - g. Incident date;
  - h. Report or claim date;
  - i. Whether a crash is alleged;
  - j. Whether a fire is alleged;
  - k. Whether property damage is alleged;
  - l. Number of alleged injuries, if any; and
  - m. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "COMPLAINT DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2 and 3. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Ford used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Ford to date that relate to, or may relate to, the alleged

defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Ford's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

6. Describe in detail the search criteria used by Ford to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Ford on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that Ford offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Ford has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Ford is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, Ford. For each such action, provide the following information:

- a. Action title or identifier;
- b. The actual or planned start date;
- c. The actual or expected end date;
- d. Brief summary of the subject and objective of the action;
- e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
- f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, Ford in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
  - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
  - b. A detailed description of the modification or change;
  - c. The reason(s) for the modification or change;
  - d. The part numbers (service and engineering) of the original component;
  - e. The part number (service and engineering) of the modified component;
  - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
  - g. When the modified component was made available as a service component; and
  - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Ford is aware of which may be incorporated into vehicle production within the next 120 days.

10. Produce one of each of the following:
  - a. Exemplar samples of each design version of the subject component (only for left-side rear passenger door, one sample for manual and one for power lock of each design version);
  - b. Any kits that have been released, or developed, by Ford for use in service repairs to the subject component/assembly which relate, or may relate, to the alleged defect in the subject vehicles.
11. State the number of each of the following that Ford has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (including the cut-off date for sales, if applicable):

- a. Subject component;
- b. Similar or substantially similar components; and
- c. Any kits that have been released, or developed, by Ford for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number).

12. Identify by make, model and model year, any other vehicles of which Ford is aware that contain the subject component, whether installed in production or in service, and state the applicable dates of production or service usage.

13. Furnish Ford's assessment of the alleged defect in the subject vehicle, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The effect(s) of the failure on the subject components and to mating components/systems;
- e. The risk to motor vehicle safety that it poses;
- f. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning;
- g. A description of the analysis process used to assess "a" through "f," and;
- h. The reports generated as a result of this inquiry.

This letter is being sent to Ford pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Ford's failure to respond promptly and fully to this letter could subject Ford to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

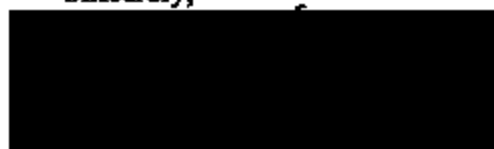
If Ford cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Ford does not submit one or more requested documents or items of information in response to this information request, Ford must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Ford's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by June 9, 2004. Please refer to PB04-033 in Ford's response to this letter. If Ford finds that it is unable to provide all of the information requested within the time allotted, Ford must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If Ford is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Ford then has available, even if an extension has been granted.

If Ford claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Ford must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Ford is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Cynthia Glass of my staff at (202) 366-2920.


Sincerely,





Thomas Cooper, Chief  
Vehicle Integrity Division  
Office of Defects Investigation


Enclosure 1: one CD ROM titled Data Collection Disc containing three files  
Enclosure 2: 17 Vehicle Owner Questionnaires





 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1367	
		Date Received 01-APR-2004		Repository <input type="checkbox"/> Reference No. 10061508	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
MCHENRY	IL				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date _____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FAPP3888		FORD	FOCUS	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
15-OCT-01	FOXLAKE FORD 847-587-3400		No. Cylinders 4	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input type="checkbox"/>	FOXLAKE	IL			
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control			171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH	
				Multiple Failure: 25	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
05-MAR-2003	40000				
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM15ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code				Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
REAR DOORS FAILED TO STAY CLOSED. DOORS WOULD FLY OPEN WHILE DRIVING, EVEN IF THEY WERE LOCKED. AS A RESULT, CONSUMER WAS UNABLE TO TRANSPORT THEIR CHILDREN. DEALERSHIP COULD NOT LOCATE THE CAUSE OF THE FAILURE. *AK CONSUMER LOOKED ON NUMEROUS RECALLS ON VEHICLE BUT DEALER SAID THAT THEY DON'T PERTAIN ON VEHICLE. *LA					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.					
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		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 27-JUN-2003	Repository <input type="checkbox"/>		Reference No. 10023971
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
ELISON BAY	WI	54210			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP3638Y		Make FORD	Model FOCUS	Model Year 2000	
Date Purchased 15-APR-02	Dealer's Name and Telephone Number		Engine: No. Cylinders 4	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 022400 SUSPENSION: REAR: SHOCK ABSORBER		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 25-JUN-2003	Failure Mileage 41500	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
AT 40,000 MILES ON MY 2000 FOCUS WAGON, DEALER TELLS ME THAT THE CLUNKING NOISE I HEAR FROM FRONT AND REAR WILL BE FIXED WITH A NEW FRONT TIE ROD AND REAR SHOCKS. VISITED DEALER 3 TIMES TO FIX A WINDSHIELD WASHER LEAK INTO TAILGATE, FILLING LIGHT FIXTURES AND SEEPING INTO REAR OF CAR. I HAVE HAD MY FAN MOTOR REPLACED AND MY REAR DOOR LATCHES ARE NOT WORKING CORRECTLY. ALL OF MANY RECALLS HAVE BEEN ADDRESSED, WE EVEN RECEIVED 4 NEW TIRES DUE TO TREAD WEARING. IT TOOK MANY TRIALS TO GET A CORRECT ALIGNMENT. MY STEREO OFTEN WILL CUT OUT FOR NO REASON. I AM NO LONGER UNDER WARRANTY AND FEAR THAT THIS MOST RECENT SUSPENSION REPAIR WILL BE COSTLY WHILE I STILL MAKE MONTHLY PAYMENTS ON MY VEHICLE. CAN YOU HELP? *JB					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under an obligation to respond to this questionnaire. Your responses 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	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 241	
	Date Received  05-NOV-2003		Repository <input type="checkbox"/>  Reference No. 10042908		
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
MOUNT BRADDOCK		PA			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP33PX		Make FORD	Model FOCUS	Model Year 2000	
Date Purchased	Dealer's Name and Telephone Number UNKNOWN		Engine: No. Cylinders	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES: DOORS:LATCH  Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed 55			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
REAR PASSENGER DOOR ON DRIVER'S SIDE INADVERTENTLY OPENED WHILE DRIVING ON THE FREEWAY AT APPROXIMATELY 55 MPH. REAR PASSENGER DOOR ALSO OPENED INADVERTENTLY WHILE VEHICLE WAS TURNING ONTO THE OFF RAMP. ALTHOUGH THE CHILD SAFETY LATCH WAS ON, THE REAR PASSENGER DOOR AGAIN CAME AJAR. *AK CHILD HIT DOOR WITH ELBOW CAUSING THE DOOR TO OPEN, ALSO A BAG OF GROCERIES FELL AGAINST THE DOOR CAUSING THE DOOR TO OPEN, *TS TIRE ROLLED AGAINST THE DOOR WHILE ON THE OFF RAMP AND ROLLED OUT THE DOOR ONTO THE HIGHWAY. CONSUMER HAD TO STOP AND CHASE IT DOWN. *PH					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974-Public Law 93-502 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.					

 <b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		<b>FOR AGENCY USE ONLY 1375</b>	
		Date Received 17-JUL-2002		Repository <input type="checkbox"/> Reference No. 8014180	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
GREENFIELD	NH				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
		FORD	FOCUS	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
			No: Cylinders		
Original Owner	Dealer's City		State	Zip Code	
<input checked="" type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Anti-lock Brakes	Powertrain	Vehicle Component Code		
	<input type="checkbox"/> Cruise Control		171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH		
Multiple Failure:					
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
12-JUL-2002					
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
WHILE DRIVING LEFT REAR PASSENGER DOOR CAME OPEN WITHOUT WARNING, RESULTING IN AN ANIMAL FALLING OUT OF VEHICLE. VEHICLE WAS CHECKED BY DEALER, WHO DETERMINED THAT DOOR LATCH WAS RUSTED AND HAD CRACKED. MANUFACTURER BLAMED CONSUMER BECAUSE SHE LIVED IN AN AREA WHERE SHE FREQUENTLY DRIVES ON DIRT ROADS. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY.</span>					
The Privacy Act of 1974 (Public Law 93-502) 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 hypothetical summary thereof, may be used in support of the agency's action.					


 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335	
		Date Received 23-JUL-2003	Repository <input type="checkbox"/> Reference No. 10029976
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City WESTLAND	State MI	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date 7/23/03			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make FORD	Model FOCUS
		Model Year 2000	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH
		Multiple Failure: 1	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Incident Date(s)	Failure Mileage 44000	Failure Speed	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).			
CONSUMER STATES WHILE TURNING A CORNER REAR PASSENGER SIDE DOOR FLEW OPEN. NO WARNING CHIME ILLUMINATED. CONSUMER FEELS VERY UNSAFE WHEN SMALL PASSENGERS ARE RIDING IN THE REAR. *AK			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
The Privacy Act of 1974-Public Law 93-502 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 responses 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 responses, 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		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1058	
		Date Received 09-OCT-2002	Repository <input type="checkbox"/>	Reference No. 567767	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
ROCHESTER	NH	05864			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
			FORD	FOCUS	2000
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
08-APR-00			No: Cylinders		
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
	<input type="checkbox"/> Cruise Control		171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	(Installation System)				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident's Cause(s), Consequence(s), and Injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police	
				N	
Narrative Description of Incident(s), Cause(s), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
THE LATCHES OF THE BACK DOORS WILL NOT RELEASE FROM THE LOCKED OR UNLOCKED POSITION. THIS MAKES IT IMPOSSIBLE TO KEEP THE DOORS CLOSED EVEN WHILE IN MOTION. CONSUMER USES A BUNGEE CORD TO KEEP THE DOORS FROM OPENING. CONSUMER IS UNABLE TO GET ANY SATISFACTION FROM FORD COMPANY. *JG					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY.		
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.					


 <p><b>U.S. Department of Transportation</b> National Highway Traffic Safety Administration</p>		<p align="center"><b>DOT Auto Safety Hotline</b></p> <p align="center"><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p align="center">FOR AGENCY USE ONLY 100083</p>	
<p align="center"><b>OWNER INFORMATION (Type or Print)</b></p>		<p>Date Received</p> <p align="center">14-FEB-2003</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No.</p> <p align="center">10007426</p>	
<p>Name</p> <p>Address</p> <p>City</p> <p align="center">GRAFTON</p>		<p>State</p> <p align="center">OH</p>	<p>Zip Code</p> <p align="center">43024</p>	<p>Daytime Telephone Number</p> <p>Evening Telephone Number</p>	<p>E-mail Address</p>
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date ____/____/____</p>					
<b>VEHICLE INFORMATION</b>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1FAFP33PKY</p>		<p>Make</p> <p align="center">FORD</p>	<p>Model</p> <p align="center">FOCUS</p>	<p>Model Year</p> <p align="center">2000</p>	
<p>Date Purchased</p> <p align="center">01-NOV-00</p>	<p>Dealer's Name and Telephone Number</p>		<p>Engine:</p> <p>No: Cylinders</p>	<p>Fuel Type:</p> <p align="center">Gas</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p>		<p>State</p>	<p>Zip Code</p>	
<p>Transmission Type</p> <p align="center">AUTOMATIC</p>	<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p> <p align="center">FRONT WHEEL DRIVE</p>	<p>Vehicle Component Code</p> <p align="center">171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH</p> <p>Multiple Failure: 1</p>		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
<p>Incident Date(s)</p>	<p>Failure Mileage</p> <p align="center">72000</p>	<p>Failure Speed</p>			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19A8C036)</p>		<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>			<p>Tire Failure Type</p>		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<b>APPLICABLE INCIDENT INFORMATION</b>					
<p align="center"><i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i></p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Deaths</p>	<p>Reported to Police</p> <p align="center">N</p>	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).</p>					
<p>THE REAR DOOR LATCHES WOULD NOT KEEP THE DOORS SHUT; THEY FLEW OPEN WHEN TURNING THE VEHICLE. THE DOORS HAD TO BE HELD WITH BUNGEE CORDS. NOW ONE OF THE REAR DOOR SEIZED AND WOULDN'T OPEN. A FORD DEALER WANTS \$400 PER DOOR TO FIX THE LATCH.</p>					
<p>Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p align="center">ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p><small>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.</small></p>					

 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 100161	
		Date Received 11-JUN-2003		Repository <input type="checkbox"/> Reference No. 20022826	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
NORTH RIDGEVILLE	OH				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date _____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FAPP33P21		FORD	FOCUS	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
			No: Cylinders		
Original Owner	Dealer's City		State	Zip Code	
<input type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
	<input type="checkbox"/> Cruise Control		171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM1SABC036)	<input type="checkbox"/> Original Equipment	Failure Location:			
	<input type="checkbox"/> Prior Repair				
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
WHILE DRIVING DRIVER'S SIDE BACK DOOR CAME OPEN. LATCH BROKE, AND THE DOOR WILL NOT CLOSE. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>					
<small>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.</small>					



 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a></p>		<p>FOR AGENCY USE ONLY 100140</p>	
		<p>Date Received 07-JUL-2003</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10025576</p>	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
EFFORT	PA	18330			
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>  /  /  </u></p>					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
			FORD	FOCUS	2000
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
29-JUL-00	RAY PRICE 570-839-1111		No. Cylinders 4	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	MT. POCONO	PA	18344		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	190000 TIRES		
			Multiple Failure: 5		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
07-JUL-2003	75200	45			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make:	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:			
	<input type="checkbox"/> Prior Repair				
Tire Component Code				Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p>					
<p>2000 FORD FOCUS LX 4-DOOR SEDAN - NUMEROUS COMPLAINTS: 1) CURRENTLY HAVE 75,200 MILES ON CAR AND HAVE GONE THROUGH 5 (YES FIVE) COMPLETE SETS OF TIRES. 2) ENGINE STALLS AT ANY SPEED WITH NO WARNING LIGHTS OR INDICATIONS, CAR BUCKS AND GAS PEDAL CAN BE DEPRESSED TO FLOORBOARD AND CAR WILL NOT MOVE - BARELY AVOIDED THREE ACCIDENTS (TWO OF WHICH WOULD HAVE INVOLVED MY TWO SMALL CHILDREN) 3) ALL FOUR DOORS WILL STICK - REALLY NEED TO PULL TO OPEN - AND ONCE OPEN, THEY WILL NOT CLOSE AGAIN (YOU NEED TO TRY TO CLOSE THE DOORS REPEATEDLY BEFORE THEY FINALLY LATCH). THEY ALSO POPPED OPENED WHILE DRIVING. AFRAID ONE DAY ONE OF MY CHILDREN OR A PASSENGER OR MYSELF MAY BE INJURED. THEY ARE MANUAL DOOR LOCKS AND LATCHES. 4) SAME WITH TRUNK - OFTEN NEEDS REPEATED TRIES TO CLOSE AND LATCH 5) LEAK IN FRONT PASSENGER FOOTWELL - WHEN IT RAINS, OR WHEN GOING THROUGH CARWASH 6) FRONT BRAKES HAVE BEEN REPLACED TWICE AT MY COST - HORRENDOUS, IRRITATING, EMBARRASSING SQUEALING IS INCESSANT - BRAKE DUST ACCUMULATES EVERY DAY! IN SOME INSTANCES, BRAKES NEED TO BE APPLIED VERY FIRMLY TO STOP VEHICLE (AGAIN, I DO NOT FEEL SAFE WITH MY CHILDREN IN CAR).</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY.		
<p>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.</p>					

 <p><b>U.S. Department of Transportation</b> National Highway Traffic Safety Administration</p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a></p>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Data Received 31-DEC-2002</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10000448</p>	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
WEBSTER	NY				
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO          In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.          Signature of Owner _____ Date <u>  </u> / <u>  </u> / <u>  </u></p>					
<b>VEHICLE INFORMATION</b>					
17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FAPP34P8Y		FORD	FOCUS	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
12-JUN-00	MACEDON FORD 3159864131		No: Cylinders 4	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	MACEDON	NY	14502		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	012200 STEERING; COLUMN LOCKING; ANTI-THEFT DEVICE		
			Multiple Failure: 7		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
31-DEC-2002					
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), complaint, and injury(ies).)					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies).          Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;          i.e., parts repaired or replaced (and if old part is available).</p>					
<p>I BOUGHT MY FORD FOCUS 2000, BRAND NEW IN JULY OF 2000. SINCE THEN, I'VE HAD THE WHEEL BEARINGS REPLACED TWICE, THE REAR DOOR STOPPED LATCHING AND I HAD TO DRIVE IT TO THE DEALER WITH MY SON HOLDING THE DOOR SHUT, MY ALTERNATOR HAD TO BE REPLACED AND STILL THE LIGHTS GET DIM WHEN I TURN ON THE HEATER, THE PLASTIC AND RUBBER DOOR HOLDING STARTED COMING LOOSE AND FALLING OFF RIGHT AFTER I BOUGHT THE CAR, THE BRAKES HAVE NEVER STOPPED SQUEALING, AND NOW MY KEY IS STUCK IN THE IGNITION AND IT WON'T COME OUT. EVERY TIME I TAKE MY CAR TO A DEALER, THEY ALWAYS SAY THE SAME THING "OH, THAT IS COMMON WITH THE FORD FOCUS". AFTER READING ALL OF THE CONSUMER COMPLAINTS, I GUESS YOU COULD SAY THESE PROBLEMS ARE COMMON WITH THE FORD FOCUS. I'VE HAD NOTHING BUT PROBLEMS WITH THIS CAR AND EXPECT TO EXPERIENCE MANY MORE BECAUSE SO FAR THE TRACK RECORD FOR THE FORD FOCUS IS EXTREMELY POOR.</p>					
<p>AFTER READING THE NUMEROUS COMPLAINTS, I HOPE FORD IS FORCED INTO RECALLING THE IGNITION CYLINDER OR SWITCH WHICHEVER IS TO BLAME FOR THE KEY TO BECOMING STUCK IN THE IGNITION AND THE WHEEL NOT LOCKING WHILE THE CAR IS IN PARK. TS</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>The Privacy Act of 1974 (Public Law 93-502) 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.</p>					

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p><b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>			FOR AGENCY USE ONLY 100161	
			Date Received 18-AUG-2003	Repository <input type="checkbox"/> Reference No. 10034120
OWNER INFORMATION (Type or Print)				
Name			Daytime Telephone Number	E-mail Address
Address				
City GLOVERSVILLE	State NY	Zip Code	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date: / /				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP34P3		Make FORD	Model FOCUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
TWO REAR DOORS DO NOT CLOSE ALL THE WAY AND POP OPEN. DEALER ATTEMPTED TO FIX THE PROBLEM BY LUBRICATING THE LATCH, BUT THE PROBLEM HAS RETURNED. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
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**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100149

Date Received

14-NOV-2003

Repository Reference No.  
10046954

## OWNER INFORMATION (Type or Print)

Name

Address

City BUZZARDS BAY

State MA

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 11/1

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAFP3438Y

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased  
10-JUL-00Dealer's Name and Telephone Number  
SILVER CITY FORDEngine:  
No. Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
RAYNHAMState  
MA

Zip Code

Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise Control

Powertrain

Vehicle Component Code

116100 ELECTRICAL SYSTEM-IGNITION:SWITCH

Multiple Failure: 1

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

Incident Date(s)  
30-NOV-2002

Failure Mileage

Failure Speed

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

Y

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


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).


I NOTICED THE DOORS SQUEAKING SOON AFTER I PURCHASED THE CAR. THE NOISE BECAME PROGRESSIVELY WORSE OVER THE NEXT YEAR. THE DEALERSHIP BRUSHED OFF MY QUESTIONS TELLING ME THE DOORS JUST NEEDED GREASE. NOW THAT THE WARRANTY IS UP THEY TELL ME IT WILL COST \$405.00 FOR THEM TO FIX. THE DOORS HAVE NOT SQUEAKED FOR OVER A YEAR, NOW THEY DON'T LOCK AND BOTH REAR DOORS FLY OPEN WHEN I TAKE A CORNER SO I KEEP THEM TIED SHUT WITH BUNGEE CORDS AND ROPES. ALL THE JUNK I USED TO KEEP IN THE BACK SEAT IS NOW GONE, IT FLEW OUT OF THE CAR WHILE I WAS GETTING ON THE HIGHWAY. THANK GOD I DIDN'T HAVE PASSENGERS. I HAVE HAD TROUBLE WITH THE GAS GAUGE SINCE I BOUGHT THE CAR, AND THE IGNITION LOCKED AND HAD TO BE REPLACED. THE TOW TRUCK DRIVER KNEW WHAT KIND OF CAR I HAD BEFORE I TOLD HIM-HE SAID THEY PICK UP A FEW FORD FOCUS'S EVERY WEEK DUE TO THE IGNITION PROBLEMS. I HAVE ALSO GONE THROUGH BRAKES AND TIRES AT AN ALARMING RATE. THE ACCUMULATION OF BRAKE DUST ON THE FRONT PANELS IS UNREAL ALL I DO NOW IS WASH THIS CAR AND WRITE CHECKS TO PAY FOR REPAIRS. \*LA


Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.


ATTACH ADDITIONAL SHEETS IF NECESSARY

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		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 100148	
		Date Received	Repository <input type="checkbox"/>	03-NOV-2003	Reference No. 10045326
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
TOMAH	WI				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner		Date / /			
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FAFP3431Y		FORD	FOCUS	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
07-DEC-99			No: Cylinders 4	Gas	
Original Owner	Dealer's City		State	Zip Code	
<input checked="" type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
MANUAL	<input type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	171100 LATCHES/LOCKS/LINKAGES; DOORS; LATCH		
			Multiple Failures: 2		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
22-OCT-2003	54400	25			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
BOTH REAR DOOR LOCKS DO NOT LATCH AND SWING OPEN WHEN ROUNDING A CORNER. MUST TIE DOWN WITH BUNGEE CORD. MECHANIC SHOWS LOCKS CORRODED AND DEFECTIVE. LOCKS REPLACE FOR \$350. A VERY DANGEROUS FAILURE WHICH COULD HAVE CAUSED SERIOUS INJURIES TO REAR SEAT OCCUPANTS. *LA					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 responses, 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		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 252	
		Date Received 11-JUN-2002		Repository <input type="checkbox"/> Reference No. 8011544	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City SHELBY	State IN	Zip Code			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date: ___/___/___					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP36P2Y			Make FORD	Model FOCUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code 131000 VISIBILITY: WINDSHIELD	
	<input type="checkbox"/> Cruise Control			Multiple Failure:	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation Systems			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
WHILE TRAVELING ON HIGHWAY AND WITHOUT WARNING PASSENGER'S SIDE DOOR WILL SLIDE OPEN. DEALERSHIP IS AWARE OF PROBLEM. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>					
<small>The Privacy Act of 2004-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.</small>					

 <b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		<b>FOR AGENCY USE ONLY 436</b>	
		Date Received 18-JUL-2002		Repository <input type="checkbox"/> Reference No. 6014289	
<b>OWNER INFORMATION (Type or Print)</b>					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
BELLEVILLE	MI				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
1FAPP3B38Y			FORD	FOCUS	2000
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
					Gas
Original Owner	Dealer's City		State	Zip Code	
<input checked="" type="checkbox"/>					
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE		171100 LATCHES/LOCKS/LINKAGES; DOORS; LATCH	
Multiple Failure:					
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code				Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:			Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure(s), parts repaired or replaced (and if old part is available).					
BACK PASSENGER'S DOOR FLEW OPEN WHILE VEHICLE WAS GOING 20MPH AROUND A CURVE. CONSUMER HAD TO USE A TELEPHONE CORD TO TIE FRONT PASSENGER HEADREST TO THE DOOR HANDLE TO KEEP DOOR CLOSED. DEALER NOTIFIED. PLEASE PROVIDE MORE INFORMATION. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>					
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.					

 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 335	
		Date Received 18-JUL-2003	Repository <input type="checkbox"/> Reference No. 10021805
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City LOUISVILLE	State KY	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>  </u> / <u>  </u> / <u>  </u>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP36PKY		Make FORD	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number FORD MOTORS	Engine: No. Cylinders 4	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City BIRMINGHAM	State AL	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH Multiple Failure: 1
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Incident Date(s)	Failure Mileage 87000	Failure Speed	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code	Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
Reported to Police N			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; e.g., parts repaired or replaced (and if old part is available).			
THE DRIVERS SIDE REAR DOOR FAILED TO STAY CLOSED. THE DOOR FLEW OPEN WHILE DRIVING. THE CONSUMER HAD TO PURCHASE A NEW LATCH. *AK *CB *JB			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>			
The Privacy Act of 1974 (Public Law 93-502) 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 responses 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 responses, 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		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100079	
		Date Received 11-AUG-2003	Repository <input type="checkbox"/>	Reference No. 10033629	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
HOPEDALE	MA				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FAFP3G30Y		FORD	FOCUS	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
			No: Cylinders		
Original Owner	Dealer's City		State	Zip Code	
<input type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
	<input type="checkbox"/> Cruise Control		17L100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
11-AUG-2003	50000	60			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
BOTH REAR DOOR LATCHES ARE NOT WORKING. DOOR FLEW OPEN WHILE DRIVING ON A HIGHWAY. CONSUMER HAS TO USE ROPE TO TIE BOTH DOORS. DEALER NOTIFIED, IT WILL COST \$450.00 TO FIX PROBLEM. MY SON CHANGED THE LATCHES AND FOUND THAT THEY WERE HEAVILY CORRODED.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974—Public Law 93-502 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.					