

APR 23 2004

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

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:

<u>Subject vehicles</u>: all MY 2000 Ford Focus vehiveles manufactured for sale or lease in the United States.

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

<u>Ford</u>: 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





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;
- 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.

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

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 senarate 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.

- 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.

- 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;
 - Field reports, including dealer field reports;
 - 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:
 - Ford's file number or other identifier used;
 - 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:
 - Report or claim date;
 - Whether a crash is alleged;
 - Whether a fire is alleged;
 - k. Whether property damage is alleged;
 - 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.

- Produce copies of all documents related to each item within the scope of Request No. 2 and
 Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Ford used for organizing the documents.
- 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;
- 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;
- 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, butletins, 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;
- The actual or planned start date;
- The actual or expected end date;
- d. Brief summary of the subject and objective of the action;
- 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:
 - The date or approximate date on which the modification or change was incorporated into vehicle production;
 - 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
 - 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.

Produce one of each of the following:

- 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
- 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);
 - The effect(s) of the failure on the subject components and to mating components/systems;
 - 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;
 - The reports generated as a result of this inquiry.

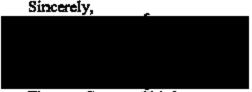
This letter is being sent to Ford pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Ford's failure to respond promptly 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 PE04-033 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.



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'

Porte Assertivado O.H.E. Ro. 2127-0008 FOR AGENCY USE ONLY 1367 **DOT Auto Safety Hotime** Repository 🔲 Vehicle Owner's Questionnaire Date Received U.S. Department To Report Vehicle Safety Defects of Transportation 1-888-DASH-2-DOT National Highway D1-APR-2004 Reference No. (1-888-327-4236) Traffic Safety INTERNET:www.nhtsa.dot.gov/hot@ne 10061508 Administration OWNER INFORMATION (Type or Print) Daytime Telephone Number E-mail Address Nome Address Evening Telephone Number State Zip Code p dty IŁ MCHENRY Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
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 duit Vehicle Identification Number Located at bottom of windshield on driver's side Model Model Year **FOCUS** 2000 FÖRD 1FAFP38381 Date Purchased Dealer's Name and Telephone Number Fuel Type: Engine: FOXLAKE FORD 847-587-3400 15-OCT-01 No: Cylinders 👲 Gas Original Owner Dealer's City State Zip Code **FOXLAKE** Ľ! Vehicle Component Code Transmission Type X Antilock Brakes **Powertrain** 171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH AUTOMATIC Cruise Control Multiple Fallure: 25 PAILED COMPONENT(5)/PART(5) INFORMATION Failure Mileage Incident Date(s) Failure Speed 40000 05-MAR-2003 <u>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TURE FAILURE.</u> Tire Size (Example P215/65R15) Tire Make Tire Model (Name or Number) DOT No. (Example: OOTMAL9ABC036) Original Equipment
Prior Repair Failure Location: Tire Component Code The Fallure Type ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: Date Manufactured: Model No./Neme: Seet Type: Installation Systems Child Seat Component Code: Faled Part APPLICABLE INCIDENT INFORMATION (Please describe in detail the incidential, Felluse(s), Crash(es), and intury (les),) Number of Persons Unitired Number of Deaths Reported to Police Crash Fire ∐Yes XX No. ∏Yes XX No. N Marretive Description of Incident(5), Crash(es), and Injury(les). Please describe (1) events leading up to the failure, (2) failure sed its consequences, and (3) what was done to correct the failure; Le, 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 RECAUS ON VEHICLE BUT DEALER SAID THAT THEY DON'T PERTAIN ON VEHICLE. *LA

Include. If available: Police/Fire Department Record. Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NPCPSSARY
The Privacy Act of 1974-Pekilic Lave 92-579 This information is requested parameted to evidentify worked in the National Highway Traffic Safety Act and anheadpant amendments. You are under no obligation to responsible questions has You response many be used to assist the INTEX is determining effect of the INTEX is described a safety defect. If the INTEX with a spring the appropriate action to correct a safety defect. If the INTEX with a size instructive entonement or Disputing against a manufacturer, your responses, or a statistical enterest, may be used in appoint of the agency a scition.

Phone Approved C.M.S. No. 2122-0004

U.S. Department of Transportation

DOT Auto Safety Hotiline

Vehicle Owner's Questionnaire To Report Vehicle Sefety Defects 1-888-DASH-2-DOT

FOR AGENCY USE ONLY 100148

Date Received

Repository

National High Traffic Safety	•	INTER	1-886 1-886) EF:www.fi	-327-47	236)	otilne		27-	2UN-2003	Reference No. 10023971	
Administratio											
Name	DWNER I	HORMA	TZON(Type	Or PTINE			—i	Daytime	Telephone Number	E-meil Address	
							-Н				
Address			(a		I=:		_	Evenino 1	Telephone Number		
CPTY ELLISON	I BAY		State	WI	Zip Code	54210					
Do you sutherize In the absence of Signature of Own	r an authorizati	vide a co lon, NHT:	py of this rep SA WILL NOT	ort to the provide	e manufad your nami	turer of you e or addres	ir vah. s to th Date	icie? a vehicie 	Myes manufacturer.	NO ON	
				VENU	CLE INFOR	MATION					
17 digit Vehicle Iden	Cotton Number	Located et	bottom of with			Make			Model	Model Year	
1FAFP3638Y						FORD			FOCUS	2000	
Date Purchas	od Donle	& Name :	and Telephan	a Number		<u> </u>			Engine:	Fuel Type:	
15-APR-02		211001100	arr rechron	0 1100/12-21					No: Cylinders 4	Gas	
Original Owne	Dealer	's City	·	··		State	ZpC	ode			
Transmission Type	Antilock 8		towertrain			Vehicle ()	ontpon	ent Code		<u> </u>	
AUTOMATIC	I		RONT WHEEL	DONE.		022400 5	USPEN	ISION:RE	AR:SHOCK ABSORT	E r	
AUTOFIA IIC	X Cruise Co	, (com	ACTIVITY OF REEL			Multiple F	alture:	1	;	-	
	·	· ·	FAIL	ED COMP	ONENT(8)	/PART(S)	INFO	RMATEO	1	_ "-	
Incident Date(s)	Fallure Milea	ge Fø	lure Speed								
25-3UN-2003	41500										
		DOLTIO	WIL ITEMS	O BE CO	HPLETED	WHENRE	ORTI	NG A TU	RE FAILURE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Tire Make			Tire Model						e Size (Example P21	5/65R15)	
DOT No. (Example:	DOTMAL9ABO	036)	Ortgin	ral Equipm Répair	nent	Falure Loc	ation:			/	
The Component Co	đe							Tire	Failure Type		
	ADOI	TIONAL	ITE45 TO B	É COMPL	ELED MH	EN REPORT	THE		SEAT FAILURE	'	
Make:					<u>nufactured</u>			<u>Model No.</u>	/Name:		
Seat Type:		•		Instalati	on System						
Child Seat Compon	ent Code;		Falled Part:								
			APP Piesse describé			T INFORM Fakreis) C			v (les). J		
Crash	Fire □ yes 🕱	N	lumber of Per			mber of Dea		Report	ed to Police N		
Narrative Descript	tion of Incident	(8), Cres	h(es), and In	Jury(lus).				•			
Please describe (1 Le, parts repaired	i) avants kandi	No to t	the fellows, (2)) falkers a	ind fis cond	meran ncos,	and (3	i) what w	as does to correct	the failure;	
AT 40,000 MILES WITH A NEW PRO	ON MY 2000 FO INFTIE ROD AL	OCUS WA	GON, DEALE SHOCKS. VI	R TELLS M SITED DE	E THAT TH ALER 3 TIM	ECLUNION IES TO FIX /	WIW WIN	SE I HEAR OSHIELD I	FROM FRONT AND WASHER LEAK INTO	REAR WILL BE FIXED TAILGATE, FILLING	

light fixtures and seeping into rear of car. I have had my fan notor 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 OUT 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? *18

Include, If available; Police/Fire Department Report, Photos, and Repair Involce.

ATTACH ADDITIONAL SHEETS IF NFCFSSARY

The Privacy Act of 1974-Public Law 92-979 This information is requested pursuant to authority vested in the Netional Highway Traffic Safety Act of exhequent Americans. You are under an obligation to respond this questionable. Your response way be used to authority the Privat is determining whether a Menufacturer should take appropriate ection to correct a select defect. If the MITSA proceeds with administrative defermant or Regular a general a sense of the manufacturer, your response, or a statistical elements thereof, may be used in support of the agency a action.

_	_	_		
E	1 -	. A M S	-	177-8008

DOT Auto Safety Hotime

Vehicle Owner's Questionnaire

ACENCY	HEE ONE V	741	

Date Received	Repository

of Transportation		1	o Rej	port Vehi	. 1	1			-				
National High				1-858-D	DASH-2	2-DOT			05.	NOV-2003	Reference No.		
Traffic Sefety				(1-885-					٠,٠	1607-2000	10042908		
Administratio		7617		[awww.nb	1023.00	x cô o∧\u	Atme		l	-	100-	12908	
	OV	NNER INFOR	XTAN	ON (Type	or Print	:)							
Marie									Opytime	Telephone Number	E-mee	Address	
Address		· ·						\neg					
City MOUNT	BRADD	ОСК		State	PA	Zip Code	·		Evening 1	Telephone Mumber			
Do you authorize In the absence of Signature of Own	f an aut	to provide a horization, N	COPY OF	of this repo WILL NOT	ort to the provide	e manufac your nam	turer of you e or eddress	a to th	hide? ha vehide e <u>l</u>	YES	NO		
					YEAR	CLE TNPOC	RMATION						
17 digit Vehicle (der	tification	Number Locate	ed et bot	tom of wind						Model	T	Model Year	
1FAFP33PX1							FORD			FOCUS		2000	
Date Purchas	: Number	Engine: Fuel Ty No: Cylinders Gine											
Original Owne	a	Dealer's City	<i>'</i>				State	Zip C	Code				
Transmission Type		ntillock Brakes	Powe	ertrain			Vehicle Co 171100 U			/LINKAGES: DOORS;	LATCH		
	¦∐ Cr	ruise Control					Multiple R	Fallure: 1					
				FAILE	D COMF	ONENT(S)/PART(8)	INFO	RHATIO	N		-	
Incident Date(s)	Fallu	re Mlenge	Falur	e Speed	T					: "			
			!	\$5	<u> </u>								
		AODIT					WHENREP	ORT					
Tire Make				Tire Model (<u> </u>				The	e Size (Example P21	5/65R1	.5)	
DOT No. (Example:		(LSABC036)		☐ Ortgina ☐ Pritor R	al Equipm Capair	ent	Failure Loc	atton:	:				
Tire Companent Co	de								T≱re	Failure Type			
		ADDITION	ALITE	JIS TO BE	COMPL	ETED WH	ENREPORT	T(NO	A CHILD	SEAT FAILURE			
Make:					Date Mar	nufactured	1:		Model No.	/Name:			
Seat Type:					Installati	ion System	<u> </u>						
Child Seat Compone	ant Cod	<u>e:</u>	Fal	led Part:									
			Plea				IT INFORMA L Fellweit), (1)			urfleg))		-	
Crash	Fire			her of Pere			mber of Dea			ed to Police		-	
Yes XNo										N			
Pierrative Descript Piease describe (1 Le, parte repaired	L) event	ts leading up t	to the f	faibre, (2)	failure a	and its com	a aquesces, a	and (7	2) what w	so done to correct (he falk	ur i ç	
REAR PASSENGER	R DOOR R ALSO AR PASS IES FELL	ON ORIVER'S OPENED INA SENGER DOOL LAGAINST TH	S SIDE 1 DVERTE IR AGAI TE DOO!	INADVERTE ENTLY WHI IN CAME AL IR CAUSING	ENTLY OF ILE VEHIX JAR. *A! IS THE DO	CLE WAS T K CH SOR TO OF	RURNING OM ILD HET DOC PEN, "TS	TO TH CW RC	HE OFF RA ITH ELBOW TIRE ROL	MAY AT APPROXIMA MP. ALTHOUGH TH V CAUSING THE DO LLED AGAINST YHE ETT DOWN. *PH	E CHILI OR TO	D SAFETY LATCH OPEN, ALSO A	

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Prince Act of 1874-Public Law 82-879 This bring in requested by the Authority verted by the Historial Highway Traffic Safety Act and entergonant entering selections. Your response may be send to enter this HISSA in detained by the telegraphy of the selection to correct a safety defect. If the HISSA proceeds with administrative enforcement or Rightton against a manufacturer, your response, or a stabilistical entermy thin may, may be used to expect of the agency's action.

												Ferra Are	onest:	O.M.B. No. 2137-0052	
2	•			DOT	· · Auto :	Safety	Hot	üne	•		F0	IR AGENCY USE ON	LY 1	375	
U.S. i	/ Departmen ansportatio	nt Mn	Vehi T	o Rep	ort Vel	hicle \$	efet	y Def	inaire ^{jects}		Date Rea	celved	Repo	pakory 🗆	
1	nal High				1-865- (1-886						17	-JUL-2002	Ref	erence No.	
	ic Salety		DITT	ERNET	WWW. 17-000				otline				801	4180	
Aami	kule tratic														
Mores		UN	MER DIFOR	MAIK	местуре	01 PTH	<u> </u>				Daytime	Talaphona Number	E-nsa	Address	
Addres	5										<u>L</u>]		
Otty	GREENE	EID			State	МН	Zķ	Codi			Evening	Telephone Number	l		
Da vav	-		to provide a		e this co		<u></u>	n dec	turer of vo	-			<u> </u>		
In the a	bsence of	en auti	orization, N	HT5A	WILL MO	T provid	e you	r aam	e or addres	es to t	he vehicle	Renufecturer.	NO.		
Signatu	re of Own	e				-				Darb	<u>e/_</u>			· ·	
4	. 41.7 = 1. 4								MATION			132-4-1		11. 1.11	
17 age 4	MENICIA IZUNT	no ion i	Number Locata	d at bot	toniof win	KOSA JEBO OF	anve	rs 5108	Haka FORD			Model FOCUS		Model Year 2000	
									~~~			FOLUS		2000	
Dat	te Purchas	ed	Oealer's Nar	ne and	Telephon	e Numbe	er_					Engine: No: Cylinders		Fuel Type:	
Ork	ginal Owne	· _	Dealer's City						State	Zpo	Code				
Transmis	sion Type	₽₩	tilock Brakes	Powe	rtrain						nent Code IES/LOCKS	: /LINKAGES: DOORS	:LATC	н	
		ր⊔տ	uise Control						Multiple F	ple Failure:					
		Ц_													
Incident	Property I	Early,	e Mieage	Faller	Speed	<u> </u>	POR	BIT (5	)/PART(S	) INFO	DRMATE	<del></del>		<del></del>	
12-JUL-2	- 7	rowi	e riicage	, 540	- Arceo										
			ADDIT						WHENRE	PORT	ING A TO	RE FAILURE			
Tire Make	•			1	ire Model	i (Name d	ar <b>N</b> ur	mber)			1784	e Size (Example P21	.5/65R	15)	
			L9ABC036)		Origin	nal Equip Repair	rment		Failure Lo	cation	·:				
Tire Com	ponent Co	de									Tire	e Failure Type			
			ADDITION	AL IYE	MS TO 2	E COM?	111	D WH	EN REPOR	TING	A CHILD	SEAT FAILURE			
Make:						Date M	_				Model No	/Name:			
Seat Typ		C4			LIBO	Installe	ition S	ystem	<u> </u>				<u> </u>	<del></del>	
C160 568	t Compone	IM COOK		Hal	ed Part:	e trae	- 104	^m=	T INFORM	ATTO	ald:				
				Plea					/altres) (		s), and into				
			s X Na		er of Pe			Nu	mber of De	aths	Report	ted to Police N			
Marrativ Planse d	e Descript Jescriba (1	ian of it ) event	rcident(5), C s leading up	rask(a: to the :	r), and In alture, (7	jury(ku !) in kere	). : and i	ts cos	Suguencia.	and (	3) what w	es done to correct	the fel	Euro:	
			ced (and if o												
VEHICL	E WAS CHE	ECKED E		VHO DE	TERMINE	D THAT	DOCH	R LATC	ZH WAS RU	जन्म ,	AND HAD	ANZMAL FALLING OI CRACKED, MANUF/ (			

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

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974 Public tare 93-679 This information is requested personnt to authority vested in the Nethod Highway Traffic Softly Act and subsequent amendments. You are under so obligation to respond this quantion miles. Your response may be used to audiot the Nettak is determining affective a Manufacturer should take appropriate action to correct a softly deduct. If the Nettak proceeds with administrative enforcement or Highlian against a subministrative, your response, or a stabilishment that is not the second softly be used in support of the againty's action.

			_	OT Auto S	afair i	Hattine.			ю	R AGENCY USE ONI		<u>ома нь 2127-0000.</u> 135	
U,5, Departme	nt	Veh	icle	Owner eport Yeh	's Ou	estio	nnaire	ì	Date Rec	zelved	Repository 🗌		
of Transportation National High Traffic Sufety	way			1-888-7 (1-888 EF:www.nk	:ASH-2 -327-4	236)			23	-JUL-2003	Reference No. 10029976		
Administratio		MER INFOR						$\dashv$					
Name			<u> </u>	2011(1790		<u> </u>			Daytime '	Telephone Number	E⊣me	II Address	
Address									Francisco 1	Telephon & Mineley			
City WESTLA	ND			State	MI	Zip Cod		_	Evening	Telephone Mumber			
Do you authorize In the absence of Signature of Own	' en eut	to provide i horization, h	cop HTS	y of this rep A WILL NOT	ort to th provide	e menufe your nes	cturer of yo	ur veh ss to th Dete	e vahide	☐ YES X manufacturer. /	NO		
							RMATTON						
17 digit Vahide Ideni	Bines tion	Number Locate	dati	bottom of who	ishkeki on	driver's side	Malce FORD			Model FOCUS		Model Year 2000	
Date Purchas	Ped .	Dealer's Na	NC 81	nd Telephone	Number	r				Engine: No: Cylinders		Fuel Type:	
Ortgangal Downs	er	Dealer's Cit	•				State	24p C	p Code				
Transmission Type		ntifock Brakes nuise Control	Po	wertrain			3		ent Cade S/LOCKS	/LINKAGES:DOORS	LATC	н	
		UBA CORIO		-			Multiple	Fallure:	1				
				MIL	D COM	POMENT(	S)/PART(S	) INFO	RMATIC	IN		•	
Incident Date(s)		re Mileage 44000	Fall	ure Spead		•							
		ADDI	TON					PORT		RE FAILURE			
Tire Make				Tire Model	(Name o	r Numberi	l -		Th∩	e Size (Example P21	5/65R	(15)	
DOT No. (Example:	DOTN/	L9ABC036)		Origin Prior F	al Equipo Repair	nent	Fallure Lo	cation:	:				
Tire Component Co	de								Three	Failure Type			
		ADDITION	AL I	TEMS TO B	E COMP	LETED W	HEN REPOR			SEAT FAILURE	- ":		
Make: Seat Type:						mufacture			Model No	JName:		<del></del>	
Child Seat Compon	ant Cod	)a:		Faled Part:	песації	ion Syster	<u> </u>						
				APP	LICAN	E DE TOE	NT INFORM	ATIC	<del>y</del>				
Ceach	Fire			<i>lease describe</i> uniber of Pen			ol. Falure(s). ( umber of De			ny/(es).) ted to Police			
Crash  Yes X No	l □ v	es X No							Мерси	N N			
Perrativa Descript Planar describe (: Le, parte repaired	l) event	ta isading up	to,th	ie fallwe, (2)	) de Mure (		naed Houces	, apd (i	i) what w	us done to correct	the fa	Bure;	
CONSUMER STAT FEELS VERY UNSA								V OPEN	. NO WA	RNING CHIME ILLU	(CNA)	ED. CONSUMER	

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

ATTACH ANDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 93-879 This information is requested pursuant to authority vested in the Netbeshild highway Traffic Sainty Act and entargument amendments. You are under no obligation to respond this quistimative. Year majores may be used to assist the NITEA in determining relation to correct a safety defect. If the NITEA proceeds with authority that a enforcement or Registros against a manufacturer, your response, or a statistical summerry thereof, may be used in support of the against's action.

Pares Asserted (O.H.B. No. 2127-1008) FOR AGENCY USE ONLY 1058 **DOT Auto Safety Hotime** Repusitory 🔲 Date Received Vehicle Owner's Questionnaire U.S. Department To Report Vahicle Safety Defects 1-888-DASH-2-DOT of Trenscortation Reference No. Mational Highway 09-OCT-2002 (1-888-327-4236) Treffic Safety 567767 INTERNET:www.nhtsa.dot.gov/hotilne Administration OWNER INFORMATION (Type or Print) Daytime Telephone Number | E-mail Address Xiama a 100 Addres Evening Telephone Number Zip Code State NH City BOCHESTER The suspense of an actionization, NHTSA WILL HOT provide your name or address to the validie manufacturer.

Should be a Common to the validie manufacturer. Signature of Owner Date. VEHICLE INFORMATION 17 diet Vehicle Identification Number Located at bottom of windshield on driver's side Model Year Maka Model 2000 FORD FOCUS Date Purchased Dealer's Name and Telephone Number Engine: Fuel Type: 09-APR-00 No: Cylinders State Original Owner Dealer's City ZID Code Vehicle Component Code Antillock Brakes Transmission Type **Powertrain** 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH Cruise Control Multiple Fallure: 1 FAILED COMPONENT(\$3/PART(\$) INFORMATION Pallura Speed Failure Misage Incident Date(6) ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tira Size (Example P215/65R15) Tire Make Tire Model (Name or Number) DOT No. (Example: DOTMAL9ABC036) Original Equipment
Prior Repair Falture Location: Tire Component Code Tire Fallure Type ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Date Manufactured: Mode! No./Name: Make: Seat Type: Installation Systems Child Seat Component Code: Failed Part: APPLICABLE INCIDENT INFORMATION (Please describe to detail the incident(s), Enhancist, Crach(es), and intra/les).) Number of Persons Intured Number of Duaths Reported to Police Crash Fire ☐Yes X No ☐ Yes X No Narretive Description of Incident(5), Cresh(us), and Injury(les).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
Le, 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.

The Privacy Act of 1974-Public Law 83-579 This information is requested pursuant to authority verted in the National Highway Traffic Safety Act and extraopers amendments. You was under your building that the property of the quantitative for any building the personal safety and the ARTEA in determining what has a National safety and appropriate action to expect a safety defeat. If the INTEA is in the ARTEA in the

										Zoret Ass	medi	OH. J. Hs. 2127-1444
			$\overline{}$	OT Auba S		ukila.			FO	R AGENCY USE ON		100083
U.S. Department of Transportation		Vehi T	icle	OT Auto S • Owner eport Veh	r's Qu	lestion	ina <b>ire</b> Note		Date Rec		<del></del>	oskory 🗆
National Highw Traffic Safety Administration		INT	RN	1-888-0 (1-888- ET:www.ni	-327-4	(236)	ot <b>lin</b> e	ļ	14-	-FEB-2003	Reference No. 20007426	
	OW	NER DECK	MAT	TON (Type	or Prin	t)					<del> </del>	
Nume Address										Telephone Number	E-ma	al Address
CRY GRAFTO		Carried on the	<u> </u>	State	OH .	Zip Code	2675.752		Evening	Telephone Number	Į	
Do you authorize in the absence of Signature of Owns	NHTSA an auth	to provide a torization, N	, сорј И Т5∕	<del></del>		e menutac e your nam	turer of you	19 10 E	l Nefe? he vehicle e <u>f</u>	□ YES X manufacturer. J	NO	
					VEHI	ICLE INFO	RMATION	_				
17 digit Vahida Joent 1FAFP33PXV	Meation )	dumber Locaba	d at b	attom of wind	ishleid on	driver's side	Meke FORD			Model FOCUS		Model Year 2000
Date Purchase 01-NOV-00		Dealer's Nam		id Telephone	Number	r				Engine: No: Cylinders		Fuel Type: Gas
Original Owne	:r i	Dealer's City	ji i				State	Zp (	Code			
Transmission Type	$\Box$	tilock Brakes	ı	wartrain					nent Code ES/LOCKS	/LINKAGES:DOORS	· LATE	<del></del>
AUTOMATIC	<b>Ist</b> Cπ	uise Control	FR	ONT WHEEL	DRIVE		Multiple F			;		<u> </u>
			$\equiv$	FAIL	aD COM	PONENT(S	)/PART(S)	) INF	PNATA	N ·		
Incident Date(s)		e Mileage 72000	Fak	ure Speed								
		ADDIT	TON				WHEER	PORT		RE FAILURE		
Tire Make				Tire Model	(Name or	r Number)			Thre	e Size (Example 221	.5/65R	£15)
DOT No. (Example:	DOTMA	L9ABC036)	I	Origina Pritir F	ial Equipo Repair	ment	Failure Lor	cation	:			
Tira Component Coo	de							_		s Fallure Type		
		ADDITION	AL E					TING		SEAT FAILURE		
Make:						anufactured		J	Model No.	./Name:		
Seat Type: Child Seat Compone	ent Code		<del></del> -	Føled Part:	Installed	tion System	<u></u>					
Cha seat congress	AIL CLAR	<u> </u>	<u> </u>		LICABL	e DKIDE	et deropus	ATTO	N			
	·-			lease describe	in delay t	the incidential	t Fakure(s), C	Catable:	डी, कार्य शर्म			
Craeh □Yes XINo				amber of Pera	••		imber of Dec	aths		ed to Police N		
Narrative Descript Plaase describe (1) La, parts repaired	) event	e leading up t	to thi	e falkere, (2)	tallure :	and its con	SBQUARÇA I,	, aud (	3) mint m	se done to correct	the fu	Aurej
THE REAR DOOR I WITH BUNGEE CO LATCH.	LATCHE: RDS, N	8 WOULD NO OW ONE OF	THE	EP THE DOOR	IRS SHUT I SEIZED	F, THEY FLI AND WOU	EW OPEN W LON'T OPEN	MBN 1	IURNING T ORD DEAL	IME VEHICLE. THE ER WANTS \$400 PE	DOOR ÉR DO	S HAD TO BE HELD OR TO FIX THE

Include. If available: Police/Fing Department Report. Photos, and Repair Invoke.

ATTACH ADDITIONAL SHET'S IF NECESSARY
The Privacy Act of 1974-Public Lave 93-579 This information is requested personnt to authority vested in the National Highway Traffic Safety Act and authorquent errors are under no obligation to respond this questionway. You must be used to author the NATEA in determining whether a Maintentier should take appropriate action to correct a sprinty defect. If the NATEA proposed with administrative enforcement or Righting against a manufacturer, your response, or a statistical assumany thereof, may be used in support of the agency's action.

			DOT Auto !	Safety Hoti	line		}	FQ	R AGENCY USE ON	LY 2	00161	
U.S. Departme of Transportati		Vehic To	ile Owner Report Vel	r's Quest hide Safeta	tion v Def	naire ects		Date Rec	celved	Repo	altory []	
Mational High Traffic Safety Administration	, -	ME		DASH-2-DC 1-327-4236 htsp.dot.g	5)	ctike		11-	-)UN-2003		erence No. 122826	
	OWNER I	NFORM	ATECH (Type	or Print)				Nautime '	Telephone Number	E-mi	Address	
lama .					_		—Ĭ					
Address Sty	RZDGEVILLE		State	он 21	Code		†	Evening	Telephone Number			
Do you authorize In the absence o		wide a c	copy of this rep TSA WILL NO?		HIUFECI IC ABMA	turer of you e or address	r vahl s to the	cie? , vehicie	YES X	NO		
Signature of Own	<u> </u>						Date.		<u> </u>			
				VEHICLE								
17 digit Vehicle Iden 1PAFP33P21	tification Number	Conted	at bot <b>tom of</b> wind	dishiaid on driver	r's side	Make FORD			Model FOCUS	ļ	Model Year 2006	
Date Purcha	peale Deale	r's Name	and Telephon	e Number		Engine: No: Cylinders			Engine: No: Cylinders	_	Fuel Type:	
Original Own	er Deala	r's City				State	ZhpCa	ode				
ransmission Type			Powertrain			Vehicle Co 171100 L			/LINKAGES:DOORS	:LATC	1	
	Cruise Co	ontro)			ا	Multiple F	a <b>f</b> ure:	1				
			FAIL	ED COMPONE	-NT(Β)	/PART(S)	DEFO	RMATIC	N			
ncident Date(s)	Failure Miles	age f	Failure Speed									
		DOCTO	ONAL ITEMS			WHEN RE	ORTI					
re Make			Tire Model	l (Name or Nun	mber}			™	e Size (Example P21	.5/65R	15)	
OT No. (Example	DOTMALGABO	036)	Origin	nal Equipment Repair		Failure Loc	ation:	<u> </u>				
re Component Co	de							Tire	Falure Type	· · · ·		
	ADĐ	TYONA	L ITEMS TO B				TING A	CHILD	SEAT FAILURE			
ake:				Date Manufe				fode! No.	./Name:			
est Type:				Installation 5	ysteru	<u> </u>			<del></del> -			
hild Seat Compon	ent Code:		Falled Part:	PLICABLE IN	HID!	T INFORMA	ATTON					
			Please describe	in detail the inc	kieri/al	. Francisi C	autika)	and late				
Tash □Yes ⊠No	Fire	l No.	Number of Per	sons Injured	Nu	mber of Dea	ths		ed to Police N			
ingrative Descrip	tion of Enciden t) events lead	t(S), Cra ing up te	the fallow, (2	) fellure and K	ban	ooquances,	sud (3)	) what w	as done to correct!	the fel	lure;	
WHILE DRIVING			-	<del></del>		AND THE !	1000	VTII. NOT	FCLOSE MAK			
THE PARTY OF	عرس و بسعدت		GOVERNMENT			, , , , , , , , , , , , , , , , , , ,	~~~ I	-14	-MK			

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

ATTACH ADDITIONAL SHPETS IF NECESSARY
The Privacy Act of 1974-Public Lyng 63-579 This information is requested pursuant to nationally execute to the Nethern Highway Traffic Sefecty Act and subsequent numbers only. You are under no obligation to respect the questionneire. Your response may be used to ensist the NITES in determining whether a Phaselecturer should take appropriate action to correct a makey distoct. If the NITES proceeds with administrative enforcement or Higheston against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

										Process Acres		G.N.B. No. 2127-0008	
			- PO	T Auto S	-fatu I	Ant Broa		$\Box$	FO	R AGENCY USE ON		100148	
tt.S. Departmer of Transportation			icle (	Owner	's Qu	estion fety Def			Date Rec			asitary 🗌	
National High Traffic Sefety Administratio	MBY	· INT	ERNET	1-885-0 (1-886 [:www.n	-327-4		otline		07	-Jul-2003		Reference No. 10025576	
	OV	FIER DOOR	MATE	ON (Type	or Print	<del>.</del>	-	┪					
Name des	VI CALL					•			Daytime '	Telephone Number		i Address	
Address	144										± 70°		
City EFFORT				State	PA.	Zip Code	18330		Evenino '	Telephone Number			
Do you authorize In the obsence of Signature of Own	'en aut	l to provide a thorization, N	CODY HTSA	of this rep WILL MOT	ort to the provide	e manufaci your nami	turer of you e or address	r vehi r to th Date	e vehicle	Menufacturer,	NO		
Digital Core of Control	_		_		VEHE	CL # THEOL	RNATEON						
17 digit Vehicle Ident	fication	Number Locate	d at bo	ttom of white			-			Model		Model Year	
							FORD			FOCUS		2000	
Date Purchas 29-JUL-00	ed	Dealer's Nar RAY PRICE			Number	•				Engine: No: Cylinders 4		Fual Type: - Gas	
Original Owne	ir	Denier's City MT. POCO					State PA	Zip C 1834	Code 344				
Transmission Type AUTOMATIC		ntilock Brakes		ertrain: NT WHEEL	∩u <b>TVE</b>		Vehicle Co 190000 T		ent Code				
ADIO PAIX	_ _	ruise Control :	INO	, 181 941 LCC	ДАТТ		Multiple F	alure:	5			_, _	
					ED COM	CHENT(S	]/PART(S)	INFO	RMATIC				
Inchient Date(s) 07-JUL-2003		re Mileage 75200	Failur	e Speed 45							:		
<del></del>		ADDIT	TOM	TTEMS T	O BE CO	MPLETED	WHENRE	XXXII	NC A TZZ	RE FAILLIRE			
Tire Make				Tire Model						e Size (Example P21	5/65R	(15)	
DOT No. (Example:		AL9ABC036)		Ortgin	al Equipa Repair	nent	Failure Loc	zation:					
The Component Co										Failure Type			
		ADDITION	ALITI	ĐIS TỘ B	ECOMP	HW CELES.	EN REPOR	TNB/	(सम्बंग	SEAT FAILURE			
Make:						nufactured			<u>Model No</u>	./Name:		•	
Seat Type: Child Seat Compone					Installati	on System	<u> </u>						
Crisc Seat Compark	am. Coc	R:	га	ied Part:	TOORI	THEFT	T INFORM	A TTOR					
							Falkarefal C		and Info				
Crash				ber of Per 0			mber of Det O	rths		ed to Police N		_	
Pinnative Descript Pinase describe (1 Le, parts repaired	) eresi	ts hading up	to the	failure, (2)	laikure i	and its cons	sequences,	sad (3	) what w	se done to correct	the fa	(lure;	
2000 FORD FOCU 1) CURRENTLY HA	S IX 4- IVE 75, VARNO	DOOR SEDAN 200 MILES OF NG LIGHTS OF	- NUM CAR	IEROUS CO AND HAVE CATTONS,	MPLAINT GONE TH CAR BUC	IROUGH S KS AND GA	IŠ PEDAL CA	NN BE C	EPRESS!	S OF TIRES.2) ENG ED TO FLOORBOAR VLL CHILDREN)			

3) ALL FOUR DOORS WILL STICK - REALLY NEED TO PUIL 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, EMBARASSING SQUEALING IS INCESSANT - BRAKE DUST ACCUMULATES EVERY DAY! IN SOME INSTANCES, BRAKES NEED TO BE APPLIED VERY FIRMLY TO STOP VEHICLE (AGAIN, 1 DO NOT FEEL SAFE WITH MY CHILDREN IN CAR).

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privace of 1974-Public Law 93-579 This interpritor is required a provider by method to the Milliand Highway Traffic Sufety Act and assessment of provider to another the Milliand Highway Traffic Sufety Act and assessment are end assessment of another to another the Milliand of the Sufety of the Milliand of the Mil

										Form And	Inwest	G.M.B. No. 2127-0008
<b>A</b>			DOT	ſ Auto Sa	afety F	ickline.		_	FO	R AGENCY USE ON	LY 1	100148
U.S. Departmen of Transportatio	nt an		icie C	Dwner's	's Que	estion fety Defi			Date Rec	xelved	Rep	askory 🗆
Petional Highw Traffic Safety Administration		INT	-	1-888-D/ (1-888-3 :www.nh/	327-42	236)	otline		31-	-DEC-2002		terence Na. 000448
	OWN	ER DFOR	MATIO	ж (Туре о	ar Print	1					<del> </del>	
Name Address					_					Telephone Number		M Address
City WEBSTE	₹.	-		State N	NY	Zip Code	·		Evening v	Telephone Nurvber	1	
Do you authorize : In the absence of Signature of Own	NHTSA 10 en autho	o provide a srizetion, N	COPY OF	f this repor MILL NOT ;	ur veh e to th Date	he rahicle	YES X	ON D				
	·				VEHIX	CLE DIFO!	MATION					· · · · · · · · · · · · · · · · · · ·
17 delt Webble Identi 1FAFP34P8Y	Pication Mu	imber Locate	d et both	om of whole)	held on d	iriver's side	Make FORD			Model FOCUS		Hodel Year 2000
Date Purchase 12-JUN-00	1	MACEDON	FORD 31	Telephone 1 1159854131						Engine: No: Cylinders 1	•	Puel Type: Gas
Original Owner		Dealar's City MACEDON	′				State NY	Zip C 1450				
Transmission Type AUTOMATIC	<u> </u>	iock Brakes	,	erbrain NT WHEEL D			Vehicle Co 012200 51	•		MN LOCKING:ANTI-	-тн <del>а</del> -	r device
PW1-471-1-4	L Cine	ise Control	1	11 PER 19-	Mar L	1	Multiple Fi		: 7			
	<u> </u>			PADE	O COMP	CHENT(\$	)/PART(\$)	INFO	RHATIÇ	м		
Indident Date(\$) 31-DEC-2002	Felure	Meage	Fallure	e Speed								
		APPT					WHENRE	ORT		RE PASLURE		
Tire Make				Tire Model (A					Tire	e Ske (Example P2)	15/65R	(15)
DOT No. (Example:		9ABC036)		Original	i Équipm apair	ent	Failure Loc	ation:	<del>-</del>			
Tire Component Coo										Fallure Type		
		ADDITION	AL ITE	1-				$\overline{}$	45	SEAT FAILURE		
Make: Seat Type:						nufactured			Model No.	/Name:		<del></del>
Chiki Seat Compone	ent Code:		Fall	lur Red Part:	(Brander	ion System	<del></del>			<del></del>		
Cinc dans	All VI			APPL			T INPORMA			4-41		
Crash	Fire □ yes	. IVI No. :		<del>se describe in</del> ber of Pérso			<u>: Feiture(s), Cr</u> milities of Deal		Report	viter)) ted to Police N		<del></del> .
Nerrative Descript Picace describe (1) Le, parts repaired	tion of Inc L) events :	cident(6), C *nading up :	to the b	laillera, (2) 1	Milion in	ad its con	sequences, :	and (			the fa	Bere;
REPLACED AND ST LOOSE AND FALLI THE IGNITION AND COMMON WITH TO COMMON WITH TO FAR THE TRACKR	ATCHING TILL THE L ING OFF R ID IT WON HE FORD I HE FORD P	SAND I HAD LIGHTS GET RIGHT AFTE NT COME O FOCUS. A FOCUS. TY FOR THE FO	D TO DRI F DIM WI ER : 90U DUT. EVE AFTER RI VE HAD I ORD FOO	LIVE IT TO T WHEN I TURA UGHT THE C VERY TIME I READING AL NOTHENG 8 CUS IS EXTR	THE DEAL IN ON THE CAR, THE I TAKE M LL OF THE BUT PRO REMELY	ALER WITH HE HEATER. HE BRAKES HY CAR FO HE CONSUM OBLEMS WI 7 POOR.	I MY SON HO 2, THE PLAST HAVE NEVER, A DEALER, MER COMPLI ETH THIS CAI	SLEINE TIC AN R STO THEY AINTS AR AND	GITHE DOC ND RUBBE )PPED 9QU 'ALWAYS S S, I GUESS D EXPECT	OR SHUT, MY ALTEI R DOOR MOLDING: JEALING, AND NOW SAY THE SAME THIS YOU COULD SAY ? TO EXPERIENCE MA	ERNATO ISTART WIMY KI ING "OH THESE I IANY MI	OR HAD TO BE TED CONTING TEY IS STUCK IN H, THAT IS

IS TO BLAME FOR THE KEY TO BECOMING STUCK IN THE IGNITION AND THE WHEEL NOT LOCKING WHILE THE CAR IS IN PARK. TS

Include, If available; Police/Fire Department Report, Photos, and Repair Involve.

ATTACH About Contact Fire Transfer of Separate Processing Contact Fire Privacy Act of 1974-Public Law 93-579 Yells Information is requested purposed to authority vested in the Patricians Highway Transic Seriety Act, and softwagarest

Include, if available: Policy/Fire Department Report. Photos, and Repail Involve.

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Pablic Level 9-579 Yells information is requested pursuent to authority vested in the National Highnary Traffic Selectly Act and solve equest attended of a select the National Highnary Traffic Selectly Act and solve equestional reported to authority vested in the National Highnary Traffic Selectly Act and solve equestional reported as a selectly of the selectly reported as a selectly defect. If the NATSA precedes with administrative enforcement or Rightine against a resemble term, your mappage, or a statistical appears thereof, may be used in support of the equacy's action.

<del></del>						——	False Alter	roved: 0.14.E. Ro. 2127-0005
		DOT Auto !	Sefety I	Hotlina		l R	OR AGENCY USE ON	LY 100161
U.S. Department of Transportation	Vehi	icie Owne o Report Vel	r's Qu	estio	naire _{Mote}	Date Re	icelved	Repository 🗆
		1-888-	DASH-2	2-DOT		ł		Bedanson No.
National Highwa Traffic Sefety	•		1-327-4			1 16	I-AUG-2003	Reference No.
Administration	INT	ERINET SWWW-1	م. حجاران	ot.gov/l	<del>jetina</del>	┚		10034120
	OWNER INFOR	MATION (Type	or Prin	t)		7	Telephone Number	E-mail Address
Address				<del></del> _		- 3		
City GLOVERSV	711E	State	M	Zip Cod	•	Evening	Telephone Number	
Do you authorize Hi In the obserce of a	n authorization, K	COPY of this rep HTSA WILL NO	port to th T provide	e manufar your nam	e or address to	the vehicle	YES E Menutachurer.	NO .
Signature of Owner					Da	œ/_	<del>/</del>	
17 digt Vehick Edentific	atton klumber Locate	el et bettemef van			Make		Model	Model Year
1FAFP34P31					FORD		FOCUS	2000
Date Purchased	Dealer's Nar	me and Telephon	e Numbe	r		·	Engine: No: Cylinders	Fuel Type:
Original Owner	Dealar's City	,			State Zip	Code	}	1
Trensmission Type	Antilock Brakes	Powertrain			Vehicle Compo		_	
	Cruise Control				Multiple Failur		S/LINKAGES:000RS	:MICH
<del></del> -	<u> </u>				'			
Incident Date(s)	Fallura Mileage	Failure Speed	ED COM	POMENT(S	)/PART(S) IN	ORMATI	<u> </u>	
Tuckbaue nere(s)	Lingto Lacode	result specu						
	ADDIT	_			WHENREPOR			
Tire Make				r Number)		Π	re Size (Example P2)	IS/65R15)
OOT No. (Example: D		Original Prifer	nal Equipr Repair	menik	Failure Locatio	ni .		
Tine Component Code	_				<u> </u>		e Failure Type	
	ADDITION	AL ITEMS TO S					SEAT FAILURE	_
Make:				nufacture		Model No	o./Name:	
Seat Type: Child Seat Component	Corie:	Palled Párt:	/ I) S(Allen)	don Systen	· E			
	·	API			T INFORMATI		-	
Crash II	fre	<i>Please describe</i> Number of Per			<u>l. Feture(s). Crests</u> umber of Deaths		ny(les).) ted to Police	
	Yes X No					Пори	N	<del></del>
Please describe (1) e Le, parts repaired or	wente leading up	to the failure, (2	l) folksru	and Its co	Joquences, 200	(3) what v	rae dome to correct	the fallers;
	DO NOT CLOSE AL	L THE WAY AND		N. DEAL	R ATTEMPTED T	O FIX THE	PROBLEM BY LUBRI	CATING THE LATCH,
Include, if available:								SHEETS IE NECESSARY
The Privacy Act of 1974-1 amosphismate. You are us	Public Law \$3-679 Th der so obligation in	is information is re respond this west	questiai p	erskwet be a	ethority rested in t	the History	Highway Traffic Sufety	Act and asheoguent
ationés taka approprieta e ar a statistical semanary	ection to correct a si thereof, repy be use	Noty defect. If the d is support of the	NATES pro	ction.	ed in interesting and	echant or	Migatine against a ma	ither a Manufacturer selecturer, your response,

FORD FOCUS 2000				· <del>-</del> · ·							Porter Ann	mirit:	BH L R. 2177		
To Report Vehicle Safety Definets  1-688-DASH-2-DOT  (1-688-327-4236)  10046554  Reference No. 1768-PASH-2-POT  (1-688-327-4236)  10046554  Reference No. 100465554  Reference No. 10046555  Reference No. 10046555  Reference No. 10046555  Reference No. 10046555  Reference No. 1004655  Reference No. 100465				DO	T Auto 5	Safety	Hotline			FOR AGENCY USE ONLY 100148					
Traffic Safety Administration (1-886-327-4236)  Traffic Safety INF BRAET AWAY. Inhibits adolt.gov / hot line  OWNER INFORMATION (Type or Print)  Dayber Teightore Number  Stry Buzzards Bay State M. Zip Code  Buzzards Bay State M. Zip Code  Buzzards Bay State M. Zip Code  Buzzards Administration Number (1-886-327-4236)  Day ou subtract the Inhibits to provide a copy of this report to the manufacturer of your which? [Impediately the provide of an author tration, MIT'SM WILL NOT provide your name or administration of the subsects of an author tration, MIT'SM WILL NOT provide your name or administration of the subsects of the vehicle simplificaturer.  Date  WENULE INFORMATION  7 digit Which Identification Number Located at bottom of whichists on other's safe Make FORD FORD FORD 2000  Date Purchased 19-300, Subsect City RAYMHAM  Date Purchased 19-300, Subsect City RAYMHAM  AUTOMATIC Antick Brakes Powertrain Wallock Component Code 116100 ELECTRICAL SYSTEM-GRITTION:SWITCH White Failure: 1  FAILED COMPONENT(S) / PARTIS) INFORMATION  The Model (Name or Number) The Size (Example P215/65R15)  The Model (Name or Number) Failure Location:  Prove Report  The Model (Name or Number) Failure Location:  Prove Report  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIPLE PAILURE  The Size (Example P215/65R15)  The Component Code:  ADDITIONAL TIPMS TO BE COMPLETED WHEN REPORTING A CHILD BEAT PAILURE  The Model (Name or Number) Failure Location:  Price Report  ADDITIONAL TIPMS TO BE COMPLETED WHEN REPORTING A CHILD BEAT PAILURE  The Size (Example P215/65R15)  The Failure Location:  ADDITIONAL TIPMS TO BE COMPLETED WHEN REPORTING A CHILD BEAT PAILURE  The Size (Example P215/65R15)  The Failure Location:  ADDITIONAL TIPMS TO BE COMPLETED WHEN REPORTING A CHILD BEAT PAILURE  The Failure Location:  ADDITIONAL TIPMS TO BE COMPLETED WHEN REPORTING A CHILD BEAT PAILURE  The Failure Location:  ADDITIONAL TIPMS TO BE COMPLETED WHEN REPORTING A CHILD BEAT PAILURE  The Failure Location:  ADDITIONAL TIPMS TO BE COMPLETED WHEN REPORTING A CHIL	U.S. Department of Transportation	ref Transportation To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236)								Date Re	ceived	Reference No.			
OWNER INFORMATION (Type or Print)  Daytime Telephone Number  E-mail Address  AUZARIDS BAY  State MA  Zip Code  E-varing Telephone Number  Dete Mail Model  FORD  Dete Model  FORD  POUS  INC  Inc  Inc  Inc  Inc  Inc  Inc  Inc  In	Traffic Safety									14	-NOV-2003				
Date Purchased   Day time Telephone Number   E-mail Address   Evening Telephone Number   E-mail Telephone Number   E-mail Telephone Number   E-mail Telephone Number   Date   D	Administratio									· 		]	·		
Skate MA ZBp Code State Evaning Telephone Number in the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle skeninfracturer.    Date			l		SH(1)PE		~,			Daytime	Telephone Number	Е-пв	il Address		
SUZZARDS BAY  SU	deres						-			02.00	<u> </u>				
In the absence of an authorization, NBTSA WILL NOT provide your name or address to the vehicle shamifacturer. Deta	ity BUZZAR	DS BAY			State	MA	Zip Co	10 100		Evening"	Telephone Number				
Model   Model   Model   Model   Model   Model   FAPP3484    Model   FORD   FO	n the absence of	'an aut	to provide horization, h	e copy UHTSA	of this rep WILL NO	port to ti F provide	he manufa e your na:	cturer of yourself or address	es to h	ha v <i>ehic</i> le	Menufecturer.	פא ו			
Date Purchased 10-JUL-00 Date Purchased 10-JUL-00 Dealer's Name and Telephone Number SILVER CITY FORD  Original Owner Dealer's Cty RAYNHAM Antitock Brakes AUTOMATIC  Cruise Control  FAILED COMPONENT(S)/ PART(S) INFORMATION  Citient Date(s) Failure Mileage Failure Speed  ADDITIONAL TIENS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Release Release The Model (Name or Number)  The Size (Example P215/65R15)  The Model (Name or Number)  The Size (Example P215/65R15)  The Model (Name or Number)  The Failure Location:  E Component Code  ADDITIONAL TIENS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE  The Model (Name or Number)  The Failure Type  ADDITIONAL TIENS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MATILURE  Re:  Date Manufactured:  Model No./Name:  APPLICABLE INCIDENT INFORMATION  (Please describe in deal for textwick) Feature to Control  (Please describe in deal for textwick) Features  Reported be Police  Trash  Trash  Fire Types  Number of Persons Invest Applicable Number of Deaths  Reported be Police  Yearth repetition of Lackdent(S), Creat(es), and Injury(les).  Installation (2) events leading up to the Infure, (2) failure and its consequences, and (3) what was done to correct the failure;  parts repetited or replaced (and if oil part its available).															
Original Owner Dealer's City Antitiock Braikes AUTOMATIC  Antitiock Braikes AUTOMATIC  FAILED COMPONENT(S) / PART(S) INFORMATION  FAILED COMPONENT(S) / PART(S) INFORMATION  FAILED COMPONENT(S) / PART(S) INFORMATION  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TERE FAILURE  R. Nakes  The Model (Name of Number)  The Size (Example P215/65R15)  The Model (Name of Number)  The Failure Location:  E Component Code  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TERE FAILURE  The Failure Type  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE  See:  Date Manufactured: Model No./Name:  APPLICABLE INCLOSENT INFORMATION  (Pleas dearsize in detail for Instantical Completed of Pailure Seat (Pleas dearsize in detail for Instantical Completed of Pailure Seat (Pleas dearsize in detail for Instantical Complete Completed to Polica  Yes XI No 0 0 0 Number of Peachs (2) seathers), and Injury(les), mades described (2) wearts leading up to the Initure (2) tellure and its consequences, and (3) what was done to correct the failure;  The pailure Description of Incident(S), Crash(es), and Injury(les), parts regained or replaced (and if oid part is available).	•												Model Year 2000		
RAYNHAM ansmission Type AUTOMATIC  Cruise Control  FAILED COMPONENT(S)/PART(S) INFORMATION  Multiple Failure: 1  FAILED COMPONENT(S)/PART(S) INFORMATION  Collect Date(s) -NOV-2002  Failure Mileage Failure Speed  ADDITIONAL TIEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE  RAYNHAM  The Model (Name or Number)  The Size (Example P215/65R15)  The Model (Name or Number)  The Failure Type  Component Code  Tre Failure Type  ADDITIONAL TIEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT PAILURE  ADDITIONAL TIEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT PAILURE  ADDITIONAL TIEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT PAILURE  ARE JOHN MAIN SEAT PAILURE  APPLICABLE INCIDENT INFORMATION  (Please describe in detail for installation Systems  APPLICABLE INCIDENT INFORMATION  (Please describe in detail for installation)  The Persons Infured Number of Deaths  Province Component Code:  Tre Failure Type  APPLICABLE INCIDENT INFORMATION  (Please describe in detail for installation)  The Model (No./Name: applicable province)  APPLICABLE INCIDENT INFORMATION  (Please described on of Indicators (S), Creak(ss), and Injury(ins), assess described to a failure, (2) failure and its consequences, and (3) what was done to correct the failure, parts repaired or replaced (and it old part is available).	10-JUL-00	10-JUL-00 SILVER CITY FORD							No: Cylin				Fuel Type: Gas		
AUTOMATIC    X   Crules Control    TAILED COMPONENT(S) / PART(S) INFORMATION   Citient Date(s)   Failure Mileage   Failure Speed		г						Zīp (	ode						
FAILED COMPONENT(S)/PART(S) INFORMATION    Colored Date(s)   Failure Mikeage   Failure Speed	•••	·   _ · · · · · · · · · · · · · · · · ·							116100 ELECTRICAL SYSTEM IGNITION: SWITCH						
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TURE FAILURE  R Makes The Model (Name or Number) The Size (Example P215/65R15)  Of No. (Example: DOTMALSABC036) Criginal Equipment Failure Location:  E Component Code Tire Failure Type  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MAILURE  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT			-					Multiple	Faiture	: 1					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE  E. Makes The Model (Name or Number) The Size (Example P215/65R15)  If No. (Example: DOTMALSABC036)		F-d.		r-a			PONENT (	S)/PART(S	) INFO	RHATIO	H				
The Model (Name of Number)  The Size (Example P215/65R15)  The		Failur	e Mileage	rasui	ie Speed						i				
TNo. (Example: DOTMALSABC036)			ADDIT						PORT				·		
Prior Repair    Prior Repair   Patture Location:   Tire Faiture Type				$\perp$	The Model	(Name o	r Number)			Thr	a Siza (Example P21	.5/65R	115)		
The Failure Type  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT MALURE  toe:  Date Manufactured:   Model No./Name;  at Type:   Installation Systems  Installation Systems  APPLICABLE INCIDENT INFORMATION  (Please describe in detail the Installation) Feature(a), Feature(a), and Injury (les),  The property of Persons Injured   Number of Persons Injury (les),  The property of Persons Injury (le	T No. (Example:	DOTMA	L9ABC036)	ļ			ment	Fallure Lo	cation:	:					
Date Manufactured:   Model No./Name;  at Type:   Installation Systems  APPLICABLE INCIDENT INFORMATION  (Please describe in detail to Installation Systems)  The property of Persons Information (Please describe in detail to Installation Systems)  The property of Persons Information (Please describe in detail to Installation Systems)  The property of Persons Information (Please St. No. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e Component Co	ie						•		Tire	Failure Type				
Installation System  APPLICABLE INCIDENT INFORMATION  APPLICABLE INCIDENT INFORMATION  (Please describe in detail the instant(s), Folker(s), and Injury (les),  Tesh Five Number of Persons Injured Number of Deaths Reported to Police  (I) Yes X No Yes X No O O O Yes X No O O Y  Investigation of Incident(S), Creek(es), and Injury (les),  takes describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  parts repaired or replaced (and if old part is available).			ADDITION	AL IT	E OT E	E COMP	LETED W	HEN REPOR	TING	A CHILD	SEAT FAILURE				
APPLICABLE INCIDENT INFORMATION  (Please describe in detail the instants) Fellowing (Please describe in detail the instants) Five Number of Persons Information Reported to Police  [Yes X No										Model No.	/Name:				
APPLICABLE INCIDENT INFORMATION  (Please describe in detail the traiteries), Federales, and Injury (les),  Tash  Five  Number of Persons Injured  Number of Deaths  Reported to Polica  Y  Practive Description of Incident(8), Creek(es), and Injury (les),  tase describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  parts repaired or replaced (and if old part is available).						Installat	ion System	n	···						
The set describe in detail the incident(s), Folkreft(s), and injury (les).  The Number of Persons Injured Number of Deaths Reported to Police  Tyes X No Yes X No O O O Y  Trative Description of Incident(s), Cresh(es), and Injury (les).  Less describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  parts repaired or replaced (and if old part is available).	D SENE COMPONE	ar CDO	a:	M		LTCARE	EINCIDE	NT THEORY	ATID	<u> </u>	···				
Tyes X No Yes X No Yes X No O Y  Traffve Description of Incident(5), Crank(es), and Injury (les).  The description of Incident(5), Crank(es), and Injury (les).  The description of Incident(5), Crank(es), and Injury (les).  The description of Incident(5), Crank(es), and Injury (les).				(Ple	est describe	in detail (	in incluient	r), fakrefst (	Certific	l and bila	v(jes).)				
rrative Description of Incident(6), Creek(es), and Injury(les). Lase describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; , parts repaired or replaced (and if old part is available).			s DC No.	Nun		soms Ink	red N		aths						
	rrative Descript Lase describe (1	on of I	ecklant (8), C	te the	feiture, (2)	tallura :	and its co	ne sequences,	, and (3			the fai	llure;		
							THE CAS	THE NAME	e per	Alds pace	OFFER ON HOSE		The server		
HE DEALERSHIP BRUSHED OFF MY QUESTIONS TELLING METHE DOORS JUST NEEDED GREASE. NOW THAT THE WARRANTY IS UP THEY E 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 R				T = T	/ THE 224	ODE ULL	& NAT ==	LIEAVED EO			NAME OF TAXABLE PARTY.		·		

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 THEN 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 Invoke.

ATTACH ADDITIONAL SHEETS IS METERSARY
The Privacy Act of 1874-Public Law 83-879 This information by requested pursuant to authority versal in the fintional riginary Traffic Enfety Act and subsequent amendments. You are under no obligation to respond this quantiferative. Your responds only be used to solut the NATSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the RATSA proceeds with administrative authorizative against a manufacturer, your response, or a statistical summary thereof, every be used in support of the agency's action.

										Perma Apo	en verb	OMB No. 2127-8868					
	DOT Auto Safety Hotibie										FOR AGENCY USE ONLY 100148						
U.S. Department of Transportation  Vehicle Owner's Question naire To Report Vehicle Safety Perfects									Date Rec	zked	Repository 🗌						
National High				1-886-	DASH-2	2-DÓT			0.2	NOV-2003		erence No.					
Traffic Safety Administratio	•	INIT	ERN	1-888 1.www.n	1-327-4 ihtsa.de		otline		"	1107-2003	10045326						
	OY	VNER INFOR	MAT	ION (Type	of Frid	t) ·			<u></u>		_						
Please State									Daytime	Telephone Number							
Address			_								1						
City TOMAH				State	WI	Zip Code			Evening '	Telephone Number							
Do you authorize In the absence of	NHTSA an aul	to provide a	e copy	y of Musrey A WILL NO	port to th F provide	a manufac your nam	turer of you e or address	ur vel sa to t	vicie? he vebicie	YES X	NO						
Signature of Own						· .		Date	_	<u>/</u>							
					VEHI	CLE INFO	HOTTAME										
17 digit Wehicle Ident	fication	Number Locate	ed at l	bottom of win	dshield on	driver's side	Maka FORD			Model FOCUS		Model Year 2000					
1FAFP3431Y							•••			1		. 2000					
Oate Purchas 07-DEC-99	Oate Purchased Dealer's Name and Telephone Number 07-DEC-99									Engine: No: Cylinders 4		Fuel Type: Gas					
Original Owne	HT	Dealer's City			State	200	Code	_									
Transmission Type		ntilock Brakes				-	nent Code										
MANUAL	$\Box$	uise Control	FR	ONT WHEE	LDRIVE		171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH										
	"	use control					Multiple F		u: 2								
				FAIL	<b>В</b> СОНІ	PONENT(S	)/PART(5)	) LIGO	RMATIC	M							
Incident Date(a) 22-OCT-2003	Fallu	ra Milkaga 54400	Falk	ure Speed 25					·								
		ADDIT	TON	AL IT BAS	TO BE OC	MPLETED	WHENRE	PORT	DIG A TU	RE FAILURE							
Tire Make				Tire Model	(Name o	r Number)			Th	a Ske (Example P21	5/65R	(15)					
DOT No. (Example:	DOTM	L9ABC036)	·	Cright Prifor	ıal Equipn Repair	nent	Falure Lo	cation	:								
Tire Component Co	de								Tire	Faiture Type							
		ADDITION	WL T	TEMS TO B	_			TING	A CHOLD	SEAT FAILURE		·					
Make:						nufactured			Model No	./Name:							
Seat Type:					Installet	ion System	<u> </u>										
Child Seat Compone	ant Cod	la:		Falled Part:													
			æ				IT INFORM. L Fathreisi C			v/iest.i							
Crash	Fire		_	umber of Per	utul encer		mber of Dei			ed to Police		•					
Yes X No		es X No	<u> </u>	0		<u> </u>	C C			<u>N</u>		<u></u>					
Parrotice Duscript Place describe (3 Le, parts repaired	) eveni	qui grillocal at	10 th	u fakus, (2	) falkere :	and its con	sequences,	and (	3) what w	as down to correct	ite fo	Burny;					
	DRROOM	ED AND DET	CTIV	E. LOCKS F	REPLACE					E DOWN WITH BUN URE WHICH COULD							

Include. If available: Police/Fee 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 Shelty Act and subsequent assembleshee. You are under no chilgstion to respect the guestionnairs. Your response may be used to essent the INITEA in determining whether a planeter or planeters action to correct a selectly defect. If the NATEA proceeds with administrative enforcement or High ties against a manufacturar, your response, or a statistical against the national subsequent action.

												Ferm Age	ere andre	O.H.B. no. 2127-4000	
<u> </u>				OT 4	luto f	Safety I	Hotik	10			FO	R AGENCY USE ON	Y 2	252	
of Transportation To				Ovepoi	vnei rt Vei 685⊣ L-888	r's Qu hidle Sa DASH-2 3-327-4 ihtea.de	lesti ifuty ( 2-bot (236)	on Def	ncts		Oate Rec	oelved JUN-2002	Repository Reference No.		
ALIII	OWNER INFORMATION (Type or Print)														
Name					X-11-		<del></del>	_			Daytima '	Telephone Number	E-ma	il Address	
Address City SHELBY	State Zib Co						ode			•					
Do you sutherize NHTSA to provide a copy of this report to the manufacturer of your rehicle? YES NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  Signature of Owner Dete / /															
						удил	CTE IV	FOR	HOTTON		·-	<del></del>		_	
17 digit Vehicle Identi 1FAFP36P2Y		Number Locate	ed at b	otton	n of win	dshleti on	dilver's	alde	Melos FORD			Model FOCUS		Model Year 2000	
Date Purches	te Purchased Dealer's Name and Telephone Number									Engine: Na: Cylinders		Fuel Type:			
Original Owne	ner Dealer's City						State	ZρC	ode .						
Transmission Type		Antilock Brakes Powertrain  Cruise Control						131000	VISIBIL	ent Code ITY:WIND	SKIELD				
			<u> </u>						Multipla						
Incident Date(s)	Eath :	re Mileage	Fol	ure S	FAIL paed	#D COM	PONEN	П(\$)	/PART(\$	) INFO	<u>CETAMN</u>	N			
moneric para(s)		ic rmouge			<i>p</i>							•		<u> </u>	
Tire Make		ADDIT	TON			(Name o			WHENE	200T		e FatLure Size (Example P2)	5/65R	15)	
DOT No. (Example:	DOTIN	L9ABC036)		F		rai Equipa Repair	nest		Failure Location:						
Tire Component Cor	ie.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Tire	Falure Type	_	····	
•		ADDITION	ĶĻΤ	(BHC	TO E	E COMP	(ETED	WH	EN REPOR	TDEG /	CHILD.	SEAT FAILURE			
Make:						Date Me					<u>Model Na.</u>	/Name:		· <u> </u>	
Seat Type: Child Seat Compone	ent Cod	te:	<del></del> ,	in Heri	Part:	Installat	ion Sys	tem:							
					API				T INFORM						
Crash Fire Number of Persons Injured Number of Deaths								Report	<u>r(1861.)</u> ed to Palice N						
Yes X No Yes X No Notice No.															
							SSENG	ER'S	SIDE DOO	JR WILL	SLIDE O	PEN DEALERSHIP	'IS AV	WARE OF	

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

ATTACH ACRITICAL SHEETS IF MECESSARY
The Privacy Act of 2874-Public Law #3-579 Title information is requested parameter to authority vantarilles the National Highway Traffic Safety Act and enterquent Amendments. Your requested parameter may be used to said the NATIONAL SHEETS and enterquent should take appropriate action to correct a safety defect. If the 19178A proceeds with subministrative enforcement or Bitgetton against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

											Ports Ass	nere de	AMAR, No. 2127-8008
			DOT	C Auto !	Safatu I	Hotline				FO	R AGENCY USE ON	LY 4	36
U.S. Departmer of Transportation National High Traffic Safety	er Hay	7	Vehicle Owner's Question naire To Report Vehicle Safety Defects 1-889-DA\$H-2-DO7 (1-888-327-4236) INTERNET www.shtsa.dot.gov/hottine							Date Rec	±Wed -JUL-2002	Ref	erence No.
Administration											1	6014209	
Name Marie	OY	HER DIFOR	MATIC	ім (Турк	or Prin	t)			⊣	Daytime	Telephone Number	E-ma	Address
Address									$\dashv$			ļ	
City SELLEVI	ITÉ _			State	М	Zip Co	de _l			Evening 1	Felephane Number	_	<u> </u>
Oo you authorize In the ebsence of Signature of Own	, so snt	to provide a harization, H	COPY C	of this re- NILL NO	port to th I provide	e manufa your nai	me (	or address t	veh a th late	e vehicle	☐ YES manufacturer. /	NO.	
					VIHI	CLE INFO	ORL)	MOSTAL					
17 digit Vehicle Ident 1FAFP3838Y	Meation	Number Locate	≥d at bet	tom of win	dishibiti on	ddwei's sid		Make FORD			Model FOCUS		5000 Wodel Year
Date Purchas		Dealar's Name and Telephone Number					_			<u> </u>	Engine: No: Cylinders		Fuel Type: Ges
Original Owne	f 	Dealer's City						State Zip Code  Weblde Component Code					
Transmission Type	_	Antilock Brakes Powertrain							•		/LINKAGES: DOORS	LATC	н .
AUTOMATIC	[ <b>X</b> ] Cr	ruise Control	FROM	VT WHEE	L DRIVE		t	Multiple Fail					
_					ED COM	PONENT(	(8)/	PART(S) II	NFO	RMATIO	N		
Indident Date(s)	Fallu	re Mleage	Fa <b>i</b> ture	Speed	1								
		APDET	TONAL	DE 48	TO BE CO	MPLETE	ED V	VHEN REPO	ŘΤ	NG A TU	REPAILURE		
Tire Make						r Number					e Size (Example P2)	L5/65R	15)
DOT No. (Example:	DOTINA	USABC036)	土	Origin Prior	al Equipa Repek	ment	Ţ,	Faiture Location:					
The Component Co	de							Tire Failure Type					_
		ADDITION	AL ITE	M\$ TO E				N REPORTE	_		SEAT PAILURE		
Make: Seat Type:						inufactun ion Syste			_	Model No.	./Neme:		
Child Seat Compone	ent Cod	le :	Fai	led Part:	TIBERRY	JOH SYSLE	eme:						
	-			AP				INCRMAT					
Cresh □Yes XÎNo	Fire []v	V No.			rsons Int			Failmets). Creating the property of Department of Departme		Report	nd to Police N		
Pieces describe (1 Le, parts repaired	foe of I ) dwent	ecident(5), C is leading up	to the i	bilure, (7	) failure	and Ka co	J NET	Hineucas' su	d (8	B) what m	us done to correct	the fa	lluray
BACK PASSENGER	S DOO	R FLEW OPE	N WHILL	E VEHICI	E WAS G	001NG 201 10 keep	MPH DO	AROUND A IOR CLOSED	CUF	RVE. CON SALER NO	SUMER HAD TO US TIFIED. PLEASE PRO	E A TE	LEPHONE CORD MORE

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

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 63-579 This imbornation is requested pursuant to subjectly vested in the National Highway Traffic Safety Act and subsequent encedaments. You are under no obligation to respond this questionnelly. Your responds with administrative enforcement or Highway Traffic Safety Act and subsequent should take appropriate extinute a safety disfact. If the RHTEA proceeds with administrative enforcement or Highway Includes a manufacturer, your response, or a statistical assumery thereof, may be used in support of the upperty's ection.

										-			
			DOT Auto	Safety	/ Hotiline			ļF	OR AGENCY USE ON	ILY 3	335		
U.S. Departme of Transported		Veh	icie Owne	r's Qu	uestion	anaire fects		Date R	écelvéd	Repo	ository 🗌		
	1-888-DASH-2-DOT							ł,	8-JUL-2003	Def	erence No.		
Traffic Salety				8-327-4				, ,	8-Jul-2003				
Administration		INT	ERMET SWAW.	vitins a	lot.gov/r	iotine				100	021805		
	Of	Alein Deros	КМАТЕОН (Турк	Devtim	e Telephone Number	Forte	I Arbburg						
Name						·		10075	II Alian Bay				
Address			- Inner		THE COL			Evenin	Telephone Number	1	-		
City LOUISV			State	<u> </u>		in Marie				$\bot$	<del></del>		
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													
				VEH	GOLE DOC	RMATION							
17 digit Vehicle Iden	Affication	Number Locate	ed at boltoma' wi						Model		Model Year		
1FAFP36PXY						FORD			FOCUS		2000		
Date Purchas	- '	FORD MOT		ne Numbe	er				Engine: No: Cylinders 4		Fuel Type: Ges		
Original Own	sr 	Dealer's City SERMENGHA				State AL	Zlp (	Cade	<u></u>				
Transmission Type	M A	ntilock Brakes	Powertrain					nent Code					
AUTOMATIC	E C	nuibre Control	l l			171100	LATUH	ES/LOCK	S/LINKAGES:DOORS	ELATE	н		
l		' <del></del>				Multiple F							
					APONENT(	5)/PART(S	) INFO	TAMAC	MON				
Incident Date(s)		ure MRaage 87000	Fallura Speed				_		:	_	<u> </u>		
	_	ADDI	TIONAL ITEMS				PORT						
Tire Make			Tire Made	el (Nøme d	ar Number)	·			ire Size (Example P2)	15/65R	(15)		
DOT No. (Example:		AL9ABCU30)		inal Equip r Repair	ament .	Failure Lo	xcation	<u></u>			· · · · · · · · · · · · · · · · · · ·		
Tire Companent Co	de								re Fallure Type				
		ADDITION	AL ITEMS TO				TING		D SEAT PAILURE		7		
Make:					<u> lanufactures</u>			Model N	o./Name:				
Seat Type:		*. ,	Total Posts		ation System	<u> </u>							
Child Seat Compon	ant coo	<i>i</i> e:	Foled Part:		· e valcine	NT INFORM		<u> </u>	<del></del>				
			(Please describ	e in detail .	the incidentia	rl Fakre(s). (	Cruite	s), and hi					
Crash	Fire		Number of Pe	rsors Ini	lured Ny	umber of Dea	eths	Repo	rted to Police				
Yes X No				/les	<u>_</u>	<del></del>			N .				
	1) eveni	its leading up	to the follows, (2	(A) talture		requences,	, sed (:	3) what	was done to correct	the fa	Bureș		
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													
ł													
i													
i													
ĺ													
	<del></del>				<del>_</del>		<u> </u>		_				
Include, if availab	Jie: Pair	ce/Fire Depart	tment Report, P	notes, ar	nd Repelt In	woke.			ATTACH ADDITIONA	1.SHEF	TS IF NECESSARY		

The Privacy Act of 1974-Public Lew 93-879 This information is requested pursuent to authority vested in the Notional Highway Traffic Safety Act and guinequent responses, You are make no obligation to respond this questionaire. You response that he Metal in Metal in determining whether a Harmin characteristic appropriate action to correct a safety defect. If the Metal processes with administrative selectament or Bitgation against a sample characteristic and a safety surface with administrative selectament or Bitgation against a sample characteristic and a s

									Form Ass	ove <b>e</b>	Q.M.B. No. 2127-0008		
			DOT Auto	Cafabr	Hotilms		- 1	FO	R AGENCY USE ON	ו או	00079		
U.S. Dispertmen of Transportatio		Vehi	cie Owne	er's Qu	uestion	naire ects		Date Rec	celved	1	ository []		
National High Traffic Salety Administration	•	חאנ	(1-88	1-888-DASH-2-DOT (1-888-327-4235) ET:www.nhtsa.dot.gov/hotline					-AUG-2003	Reference No. 10033629			
	OV	WER INFOR	MATZON (Ty	e or Prin	ıt)		_				· · · · · · · · · · · · · · · · · · ·		
Mamo						Daytime	il Address						
Address					<del></del>		—⊦	Evenina '	Telephone Number	ı			
City HOPEDA	Œ		State	MA	Zip Code				receptation realises	Į .			
Do you authorize of In the absence of Signature of Owns	an aut	to provide a horization, N	copy of this r HTSA WILL N	eport to ti OT provide	he manufac e your nam	Curer of you e or addres	ur vahl is to th Date	e vehicle	□ YES <b>▼</b> manufacturer.	סא [			
				VEH	ICLE INFO	MOTTAME							
17 digit Vehicle Menti 1FAFP3630Y	17 digit Vehicle Identification Aumber Located at bottom of windshield on driver's side 1FAFP3630Y								Model FOCUS		Model Year 2000		
Date Purchase	Date Purchased Dealar's Name and Telephone Number								Engine: No: Cylinders		Fuel Type:		
Ortoinal Owne	r	Dealer's City				State	State Zip Code  Vehicle Component Code						
Transmission Type		ntilock Brakes ulsa Control	Powertrain						/LINKAGES: DOORS	:LATC	н		
						Multiple F	alure:	1					
			FAI	LED COM	PONENT(S	)/PART(S)	INFO	RMATEO	er .				
Incident Date(s) 11-AUG-2003		re Miléage 50000	Faiture Speed 60										
		APPET	TOWAL IT DAY	товес	OMPLETED	WHENRE	PORT						
Tire Make		٠.	Tire Mod	el (Nama d	or Number)			Th	s Size (Example P21	.5/65R	15)		
DOT No. (Example:		119ABC036)	Bonk	inal Equipi : Repair	ment	Failure Loc	cation:						
Tire Component Cod	716							Tire	: Failure Type				
		ADDITION	AL ITEMS TO	<del></del>					SEAT FAILURE	_			
Maka: Seat Type:		<del></del>			enufactured tion System		!	Model No.	./Name:				
Child Seat Compone	mt Cod	le:	Falled Part		uon system								
•			Al	PPLECABL	E INCIDEN						•		
Cresh ∰Yes XINo	Fire □v	es IX No .	Number of P		uned Nu	mber of Dea		Report	ed to Police N				
Narrative Descripti	on of I	ncident(5), C a leading up	to the fallers.	(Z) fallere	and its con	ėedneuces,	and (3	) what <del>m</del>	es done to correct	the fa	Bure;		
BOTH REAR DOOR	LATO	ES ARE NOT	WORKING. D	OOR FLEW					Y. CONSUMER HAS ATCHES AND FOUN				

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

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Patric Law 83-579 This information is requested pursuant to authority vested in the Ritional Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respend tide quantitionairs. Your response way to made to parish the MITCA is determining whether a Manufacturer should take appropriate action to correct a safety defect. If the MITCA proceeds with administrative enforcement or digation against a manufacturar, your response, or a statistical common thereof, your be used in support of the agency's action.