

**MEMORANDUM TO FILE**

1/27/2005

**Reference:** BA04-023 (Ford Focus Rear Door Latch Failure)

**Subject:** Addition to file

**From:** John Abbott, Safety Defects Specialist

**To:** Case File Assistant

Please add to the public file.

The VOQ numbers below are the 29 ODI reports referenced in the closing resume.



1			?	?	2000
2			?	1FAFP36P2YW	2000
3			?	1FAFP3838YW	2000
4			Apr-02	1FAFP33PXYW	2000
5			?	1FAFP33P2YW	2000
6			?	1FAFP34P3YW	2000
7			?	1FAFP33PXYW	2000
8			Oct-03	1FAFP3431YW	2000
9			Nov-02	1FAFP3436YW	2000
10			May-03	1FAFP34P4YW	2000
11			Jul-04	1FAFP3434YW	2000
12			Sep-03	1FAFP3435YW	2000
13			Jul-04	?	2000
14			Jul-04	1FAFP3836YW	2000
16			Jul-04	1FAFP3438YW	2000
16			Jul-04	1FAFP34P3YW	2000
17			Aug-04	?	2000
18			Sep-03	1FAFP3434YW	2000
19			Jan-04	1FAFP343XYW	2000
20			Aug-04	1FAFP3837YW	2000
21			May-04	1FAHP3833YW	2000

22			Jul-04	?	2000
23			Jan-04	1FAFP3634YW	2000
24			Oct-04	1FAFP3436YW	2000
25			Sep-04	1FAFP30P6YW	2000
26			Sep-04	1FAFP343XYW	2000
27			Aug-03	1FAFP3630YW	2000
28			Jul-03	1FAFP36PXYW	2000
29			Mar-04	1FAFP3838YW	2000



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

FOR AGENCY USE ONLY 1375

Date Received

17-JUL-2002

Repository Reference No.  
8014180**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: 7/17/02

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [REDACTED]  
Make: FORD Model: FOCUS Model Year: 2000  
Date Purchased: \_\_\_\_\_ Dealer's Name and Telephone Number: \_\_\_\_\_ Engine: No: Cylinders: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Transmission Type:  Antilock Brakes  Cruise Control Powertrain: \_\_\_\_\_ Vehicle Component Code: 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: \_\_\_\_\_

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

Incident Date(s): 12-JUL-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: DOTM1A9ABC036): \_\_\_\_\_  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: \_\_\_\_\_ 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 (use 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. 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.



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

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(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

**OWNER INFORMATION (Type or Print)**

Name			
Address			
City	State	Zip Code	

Daytime Telephone Number	E-mail Address
Evening Telephone Number	

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

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			

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

Incident Date(s)	Failure Mileage 44000	Failure Speed	
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**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
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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 (used 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.

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U.S. Department  
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National Highway  
Traffic Safety  
Administration

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INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100192

Date Received

27-AUG-2004

Repository Reference No.  
10080305

## OWNER INFORMATION (Type or Print)

Name  [Redacted]  
Address  [Redacted]  
City  [Redacted] State  [Redacted] Zip Code  [Redacted]

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   /  /  

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP34P11 [Redacted]		Make FORD	Model FOCUS	Model Year 2001
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders <u>  4  </u>	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH	
Multiple Failure: <u>  2  </u>				

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

Incident Date(s) 29-JUN-2004	Failure Mileage 82000	Failure Speed	
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## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	The 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
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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).

THE CONSUMER STATED THE TWO BACK DOORS ON THE VEHICLE HAS A DEFECTIVE LOCK AND THE DOOR WILL NOT STAY LOCKED AND SHUT. THE OWNER TOOK THE VEHICLE TO THE DEALER AND WAS TOLD THERE WAS NOTHING THEY COULD DO BECAUSE IT WAS PAST THE WARRANTY PERIOD AND THAT THE VEHICLE SHOULD HAVE BEEN LOOKED AT EARLIER TO PREVENT THE PROBLEM. \*JB THE REAR DRIVERS SIDE PASSENGER DOOR WAS THE ORIGINAL PROBLEM, THREE WEEKS LATER THE OTHER REAR DOOR LATCH/LOCK DISPLAYED THE SAME PROBLEM. \*SC

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 <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 100148</p>	
		<p>Date Received 27-AUG-2004</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10083102</p>	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
E-mail Address		<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>			
Signature of Owner		Date			
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make FORD	Model FOCUS	Model Year 2001
Date Purchased	Dealer's Name and Telephone Number EWALD 262 673 5180			Engine: No. Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City HARTFORD		State WI	Zip Code 53027	
Transmission Type MANUAL	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES: DOORS:LATCH		
			Multiple Failure: 2		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 11-MAY-2004	Failure Message	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: DOTM15ABC038)		<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).					
THE REAR DOOR LATCHES FAILED, THE DOORS WOULD NOT STAY LATCHED AND WOULD OPEN UNEXPECTEDLY. AFTER A \$300 REPAIR ONE DOOR WILL NOT OPEN. *AK *SC *JB					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to an 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 1368

Date Received

31-AUG-2004

Repository Reference No.  
10083563**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP33P3Make  
FORDModel  
FOCUSModel Year  
2001Date Purchased  
01-SEP-01Dealer's Name and Telephone Number  
ORLEANS FORD MERCURYEngine:  
No. Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
MEDINAState  
NYZip Code  
14103

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH

Multiple Failure: 4

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
04-FEB-2004Failure Mileage  
42000

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

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 DRIVING, THE DOOR OPENED CONSTANTLY. ALSO, THE PLASTIC DOOR HANDLES WERE LOOSE. \*AK THE LEFT DOOR WOULD NOT STAY SHUT AND THE LOCKS ON THE INSIDE WOULD WORK INTERMITTENTLY. \*SC \*JB

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

26-AUG-2004

Repository Reference No.  
10088605**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 8/26/04

**VEHICLE INFORMATION**17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP36331W \_\_\_\_\_Make  
FORDModel  
FOCUSModel Year  
2001Date Purchased  
02-JUL-01Dealer's Name and Telephone Number  
PAT MCKEWNEngine:  
No: Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
CHARLEVOIXState  
MI

Zip Code

Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise ControlPowertrain  
FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
19-JUL-2004Failure Mileage  
52700Failure Speed  
20**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: DOTM1SABC036)

 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), condition(s), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

AFTER OPENING THE RIGHT REAR DOOR AT A STORE I DROVE OUT OF THE PARKING LOT BEFORE THE DOOR CAME OPEN AND THE DOOR LIGHT CAME ON. AFTER PARKING AGAIN I WAS NOT ABLE TO CLOSE THE DOOR, THE LATCH SEEMED TO BE STUCK IN THE OPEN POSITION. OPENING THE HANDLE, MOVING THE LATCH FORK BACK AND FORTH DID NOT ALLOW THE DOOR TO CLOSE. AFTER USING A SCREW DRIVER TO PRY THE LATCH STAMPING IT RETURNED AND LATCHED THE DOOR CLOSED. I HAVE NOT OPENED THE DOOR SINCE. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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 100222	
		Date Received 25-AUG-2004		Repository <input type="checkbox"/> Reference No. 10089692	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City		State	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 1FAPP33P11W		Make FORD	Model FOCUS	Model Year 2001	
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type MANUAL	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 18-MAY-2004	Failure Mileage 70000	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 <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 DRIVING RIGHT REAR PASSENGER DOOR OPENED. THE LATCH RUSTED FROM RAIN COMING IN. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<small>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 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>					



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 1368

Date Received  14-SEP-2004	Repository <input type="checkbox"/>
	Reference No. 10092019

**OWNER INFORMATION (Type or Print)**

Name		
Address		
City	State	Zip Code

Daytime Telephone Number	E-mail Address
Evening Telephone Number	

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP34391W	Make FORD	Model FOCUS	Model Year 2001
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 checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES/DOORS/LATCH
Multiple Failures: 1			

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

Incident Date(s) 11-AUG-2004	Failure Mileage 39000	Failure Speed	
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**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: DOTM123ABC036)	<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
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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).

THE DRIVER SIDE DOOR LATCH FAILED, CAUSING THE DOOR TO OPEN WITH OUT WARNING. THE DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. PLEASE PROVIDE MORE INFORMATION.

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 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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**To Report Vehicle Safety Defects**  
1-888-DASH-2-DOT  
(1-888-337-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 241

Date Received

15-NOV-2004

Repository Reference No.  
10094950**OWNER INFORMATION (Type or Print)**

Name  [Redacted]  
Address  [Redacted]  
City  [Redacted] State  [Redacted] Zip Code  [Redacted]

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   /  /  

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAP934301W  [Redacted]

Make FORD Model FOCUS Model Year 2001

Date Purchased 25-NOV-03 Dealer's Name and Telephone Number WEBSTER CHRYSLER FORD JEEP 385 671 1010 Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City WEBSTER State NY Zip Code 14580

Transmission Type AUTOMATIC  Antilock Brakes  Powertrain FRONT WHEEL DRIVE Vehicle Component Code 110000 ELECTRICAL SYSTEM  
 Cruise Control Multiple Failure: 5

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

Incident Date(s) 24-MAY-2004 Failure Mileage 28465 Failure Speed

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

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example: P225/65R15) \_\_\_\_\_  
DOT No. (Example: DOTM1A9BCD36)  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(es).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 0 Number of Deaths 0 Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(es).  
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 LEFT REAR DOOR WOULD INTERMITTENTLY OPEN WHEN MAKING A TURN WHILE DRIVING. THE VEHICLE WAS TAKEN TO THE DEALER WHO REPLACED THE LEFT REAR DOOR ACTUATOR. \*AK THE RIGHT REAR AND FRONT LOCKS WERE INOPERATIVE AS WELL. THE DOORS WOULD NOT UNLOCK BY REMOTE OR KEY INSERTION. THE DOORS HAD TO BE MANUALLY OPENED FROM WITHIN THE VEHICLE. THE RADIO HAD AN INTERNAL DEFECT. \*SC

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 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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 06-AUG-2003  
Repository:   
Reference No.: 10030945

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [Redacted]  
Make: FORD Model: FOCUS Model Year: 2002  
Date Purchased: 20-DEC-01 Dealer's Name and Telephone Number: \_\_\_\_\_  
Engine: No: Cylinders: \_\_\_\_\_ Fuel Type: Gas  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Transmission Type: AUTOMATIC  
 Antilock Brakes Powertrain: \_\_\_\_\_  
 Cruise Control  
Vehicle Component Code: 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: 3

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

Incident Date(s): 25-JUL-2002  
Failure Mileage: 300  
Failure Speed: \_\_\_\_\_

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

The Make: \_\_\_\_\_ The Tire Model (Name or Number): \_\_\_\_\_ The Size (Example P215/65R15): \_\_\_\_\_  
DOT No. (Example: DOTM4L8ABC096)  Original Equipment Prior Repair Failure Location: \_\_\_\_\_  
The Component Code: \_\_\_\_\_ The 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: 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).

FORD FOCUS: BACK DOOR WILL NOT ALWAYS LATCH. MY SON ALMOST FELL OUT OF THE CAR, THANKFULLY HE WAS STRAPPED INTO HIS CAR SEAT. I SHUT THE DOOR AND WAS DRIVING AWAY WHEN THE DOOR FLEW OPEN. FOCUS IS WHITE, ONLY 1 1/2 OLD AND HAS RUST SPOTS ALL OVER THE CAR. THE TRUNK OF THE CAR HAS THE MOST RUST. THE RADIO DIAL HAS MELTED FEELS LIKE YOU ARE PLAYING WITH BUBBLE GUM. HAVE ALSO HAD PROBLEMS KEEPING THE CAR ON THE ROAD IN RAIN AND SNOW. I TAKE THE TURNPIKE TO WORK AND FEEL THAT I AM GOING TO SLIDE INTO ANOTHER CAR IF I GO FASTER THEN 25 MILES AN HOUR IN THE RAIN OR SNOW. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond 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

**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

FOR AGENCY USE ONLY 100148

Date Received

27-AUG-2004

Repository Reference No.  
10088895**OWNER INFORMATION (Type or Print)**

Name   
Address   
City  State  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    /    /   

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP38352W

Make FORD Model FOCUS Model Year 2002

Date Purchased 14-JUL-02 Dealer's Name and Telephone Number BOB TOWNSEND FORD 513-385-1414 Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City CINCINNATI State OH Zip Code 45251

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: 5

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

Incident Date(s) 02-AUG-2004 Failure Mileage 60050 Failure Speed 5

**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: DOTM15ABC036)  Original Equipment Prior Repair Failure Location: \_\_\_\_\_  
The 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 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).

THE REAR PASSENGER DOOR SOMETIMES WILL NOT LATCH SHUT. AFTER LOOKING AT IT, THE CATCH JUST SWINGS FREELY AND DOESNT GRAB THE POST. AFTER REPEATED SLAMMING OF THE DOOR, IT WILL WORK AGAIN FOR A SHORT PERIOD. OPENED ONCE WHILE DRIVING. I KEEP A BLUNTE CHORD WITH ME IN CASE AND I BUNGEE IT SHUT WHEN IT ACTS UP. I DONT HAVE ANYONE SIT IN THE REAR PASSENGERS SEAT. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-578 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, if available, is 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**

FOR AGENCY USE ONLY 1058

Date Received

09-OCT-2002

Repository Reference No.  
567767**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

000 000 0000

E-mail Address

Evening Telephone Number

000-000-0000

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

**VEHICLE INFORMATION**

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

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

08-APR-00

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

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: DOTM15A8C036)

 Original Equipment  
 Prior Repair

Failure Location:

The Component Code

The 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(es).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

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 Invoic

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.



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 252

Date Received

11-JUN-2002

Repository

Reference No.  
8011544

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: / /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP36P2YW [REDACTED]		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 <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 191000 VISIBILITY:WINDSHIELD		
Multiple Failure:				

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

Incident Date(s)	Failure Mileage	Failure Speed	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	The 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	

**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), Condition(s) 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).


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.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 U.S. Department of Transportation National Highway Traffic Safety Administration	<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. 8014289	
<b>OWNER INFORMATION (Type or Print)</b>				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	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 1FAFP3838YW		Make FORD	Model FOCUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 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: 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> <i>(Please describe in detail the incident(s), failure(s), condition(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), Condition(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).				
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 93-502 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.				



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**

FOR AGENCY USE ONLY 100083

Date Received

14-FEB-2003

Repository Reference No.  
10007426**OWNER INFORMATION (Type or Print)**

Name   
Address   
City  State  Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP33PKYW

Make FORD Model FOCUS Model Year 2000

Date Purchased 01-NOV-00 Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No: Cylinders \_\_\_\_\_ Fuel Type: Gas

Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: 1

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

Incident Date(s) \_\_\_\_\_ Failure Mileage 72000 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: DOTM18ABC036)  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 \_\_\_\_\_ 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).

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.

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 substantial portion thereof, may be used in support of the agency's action.



U.S. Department  
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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**

FOR AGENCY USE ONLY 100161

Date Received

11-JUN-2009

Repository Reference No.  
10022826**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP33P2YW\_\_\_\_\_Make  
FORDModel  
FOCUSModel Year  
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:  
No: Cylinders

Fuel Type:

Original Owner  

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

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 P215/85R15)

DOT No. (Example: DOTM15ABC036)

 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 INCIDENTS 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

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 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.

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 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

**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**

FOR AGENCY USE ONLY 100161

Date Received

18-AUG-2003

Repository Reference No.  
10034120**OWNER INFORMATION (Type or Print)**

Name   
Address   
City  State  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 \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP34P3YW

Make FORD Model FOCUS Model Year 2000

Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No. Cylinders \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transmission Type  Antilock Brakes  Powertrain \_\_\_\_\_ Vehicle Component Code  
 Cruise Control \_\_\_\_\_ L71100 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: DOTM15ABC035) \_\_\_\_\_  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 \_\_\_\_\_ Number of Deaths \_\_\_\_\_ Reported to Police \_\_\_\_\_

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 93-502 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 an 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  
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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

FOR AGENCY USE ONLY 241

Date Received

05-NOV-2009

Repository Reference No.  
10042908**OWNER INFORMATION (Type or Print)**

Name   
Address   
City  State  Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP33PXYW

Make FORD Model FOCUS Model Year 2000

Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number UNKNOWN Engine: No: Cylinders \_\_\_\_\_ Fuel Type: Gas

Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transmission Type  Antilock Brakes  Powertrain \_\_\_\_\_ Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
 Cruise Control \_\_\_\_\_ Multiple Failure: 1

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

Incident Date(s) \_\_\_\_\_ Failure Mileage \_\_\_\_\_ Failure Speed 55

**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: DOTM1A3C036) \_\_\_\_\_  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 \_\_\_\_\_ 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.

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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

FOR AGENCY USE ONLY 100148

Date Received: 03-NOV-2003  
Repository:   
Reference No.: 10045326

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAPP3431YW [Redacted]  
Make: FORD Model: FOCUS Model Year: 2000  
Date Purchased: 07-DEC-99 Dealer's Name and Telephone Number: \_\_\_\_\_  
Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Transmission Type: MANUAL  Antilock Brakes  Cruise Control  
Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH  
Multiple Failure: 2

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

Incident Date(s): 22-OCT-2003 Failure Mileage: 54400 Failure Speed: 25

**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: DOTM1A9ABC036): \_\_\_\_\_  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(es).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

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



U.S. Department  
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**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**To Report Vehicle Safety Defects**  
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**(1-888-327-4236)**  
**INTERNET: www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received

14-NOV-2003

Repository Reference No.  
10046934**OWNER INFORMATION (Type or Print)**

Name   
Address   
City  State  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 / /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAFP3438YW

Make FORD Model FOCUS Model Year 2000

Date Purchased 10-JUL-00 Dealer's Name and Telephone Number SILVER CITY FORD Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City RAYNHAM State MA Zip Code

Transmission Type AUTOMATIC  Anti-lock Brakes Powertrain  Cruise Control 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: DOTM15ABC136)  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 93-502 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.



U.S. Department  
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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

FOR AGENCY USE ONLY 100148

Date Received

11-MAY-2004

Repository 

Reference No.

10072387

## OWNER INFORMATION (Type or Print)

Name   
Address   
City  State  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    /    /   

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side Make FORD Model FOCUS Model Year 2000

Date Purchased  
02-APR-00Dealer's Name and Telephone Number  
RICART 614-836-6300Engine:  
No: CylindersFuel Type:  
GasOriginal Owner  
Dealer's City  
COLUMBUSState  
OHZip Code  
43227Transmission Type  
AUTOMATIC
 Antilock Brakes  
 Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure:

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

Incident Date(s)  
17-MAY-2003

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: DOTM15ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

The Component Code

The 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), condition(s), and injury(ies).)

Crash  Yes  No Fire  Yes  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).

ON THE FORD FOCUS THE DOOR LOCK EITHER DONT LOCK OR YOU CANT GET THEM TO UNLOCK. THE LOCK ON MY CAR WILL NOT LOCK AT ALL ON THE BACK PASSANGER SIDE.

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  
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**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 100079

Date Received

06-JUL-2004

Repository Reference No.  
10081368**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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   /  /  **VEHICLE INFORMATION**

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 4

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

16231D STRUCTURE:BODY:DOOR:HINGE AND ATTACHMENTS

Multiple Failures: 2

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

Incident Date(s)

06-JUL-2004

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: DOTMALSABC038)

 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(es).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

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 DOOR OPENED AND CLOSED ON ITS OWN. VEHICLE WAS TAKEN TO THE DEALERSHIP ON JUNE 30, 2004, DEALER REPAIRED AND REPLACED HINGES AND ELECTRICAL MOTOR AT CONSUMER'S EXPENSE OF \$700.00, BUT PROBLEM RECURRED. \*AK

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

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 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**

FOR AGENCY USE ONLY 100148

Date Received

19-JUL-2004

Repository Reference No.  
10082202

## OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

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 \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Transmission Type  Antilock Brakes Powertrain Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
 Cruise Control Multiple Failure: 2

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

Incident Date(s) 09-SEP-2003 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: D0THAL5ABC036)  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 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 LOCKS IN THE REAR DOORS IN MY FORD FOCUS HAVE FAILED. MY DOORS ARE NOW HELD CLOSED WITH BUNGEE CORDS. \*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 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

FOR AGENCY USE ONLY 100148

Date Received: 26-JUL-2004  
Repository:   
Reference No.: 10082640

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: \_\_\_\_\_  
Make: FORD Model: FOCUS Model Year: 2000  
Date Purchased: 08-JUL-00 Dealer's Name and Telephone Number: LOMBARD FORD  
Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner:  Dealer's City: BARKHAMSTED State: CT Zip Code: \_\_\_\_\_  
Transmission Type: MANUAL  Antilock Brakes  Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: 1

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

Incident Date(s): 25-JUL-2004  
Failure Mileage: \_\_\_\_\_  
Failure Speed: 25

**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: D0THA19A8C036): \_\_\_\_\_  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(es).)

Crash:  Yes  No  
Fire:  Yes  No  
Number of Persons Injured: 0  
Number of Deaths: 0  
Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(es).  
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 REAR DRIVER SIDE DOOR OF MY CAR WOULD NOT STAY CLOSED. IT POPPED OPEN WHILE I WAS DRIVING. LUCKILY THE BACK SEAT WAS EMPTY. MY SON AND HIS FRIENDS USUALLY TRAVEL BACK THERE ALONG WITH THE FAMILY PET. IT WAS SUNDAY SO SERVICE CENTERS WERE NOT OPEN. WE HAD TO TAKE APART THE ENTIRE DOOR TO GET THE MECHANISM INSIDE THE DOOR TO WORK ENOUGH SO I CAN LOCK THE DOOR. THE OTHER SIDE DOESNT APPEAR TO LOOK ANY BETTER.\*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 response may be used to assist the NHTSA in determining whether a Manufacturer should be the appropriate party 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**  
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1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received: 31-AUG-2004  
Repository:   
Reference No.: 10083477

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAPP3636YV [Redacted]  
Make: FORD Model: FOCUS Model Year: 2000  
Date Purchased: \_\_\_\_\_ Dealer's Name and Telephone Number: \_\_\_\_\_  
Engine: No: Cylinders: \_\_\_\_\_ Fuel Type: Gas  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Transmission Type: AUTOMATIC  
 Antilock Brakes  
 Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 17:100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: 1

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

Incident Date(s): 08-JUL-2004  
Failure Mileage: 85400  
Failure Speed: \_\_\_\_\_

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

The Make: \_\_\_\_\_ The Model (Name or Number): \_\_\_\_\_ The Size (Example P215/65R15): \_\_\_\_\_  
DOT No. (Example: D0THAL9ABC036): \_\_\_\_\_  
 Original Equipment  Prior Repair  
Failure Location: \_\_\_\_\_  
The Component Code: \_\_\_\_\_ The 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: \_\_\_\_\_ 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).

THE CONSUMER STATED THE AUTOMATIC LOCKS AND THE DOORS FAILED TO LATCH. THE CONSUMER HAD TO TIE THE DOORS UP WITH ROPE, BECAUSE ON ONE OCCASION THE DOOR FLEW OPEN. \*JB THE REAR PASSENGER DOOR WOULD OPEN ON LEFT TURNS. \*5C \*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 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  
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National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
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To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

12-AUG-2004

Repository Reference No.  
10083594

## OWNER INFORMATION (Type or Print)

Name   
Address   
City  State

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPF3438YW

Make FORD Model FOCUS Model Year 2000

Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No. Cylinders 4 Fuel Type: \_\_\_\_\_

Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transmission Type  Antilock Brakes Powertrain  
MANUAL  Cruise Control Vehicle Component Code  
171100 LATCHES/LDCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: 1

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

Incident Date(s) 20-JUL-2004 Failure Mileage 88000 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: DOTM4LSABC036)  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(es).)

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured 0 Number of Deaths 0 Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(es).  
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 FAILED. AS A RESULT, WHILE DRIVING AT HIGHWAY SPEED, THE REAR PASSENGER DOOR FLEW OPEN. \*AK  
CHILDREN WERE IN THE BACK SEAT WHEN THE DOORS FLEW OPEN. THE DOOR WOULD NOT RE-LATCH. \*SC \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department  
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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 100222

Date Received

05-AUG-2004

Repository Reference No.  
10087284**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

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 / /

**VEHICLE INFORMATION**

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

1PAPP34P3YM

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failures: 1

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

Incident Date(s)

14-JUL-2004

Failure Mileage

64000

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

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).

VEHICLE'S BACK DOORS OPEN WHILE THE CONSUMER IS DRIVING. THEY ARE AUTOMATIC LOCKS, AND THEY STILL FLY OPEN. SOMEONE HAS TO SIT IN THE REAR TO KEEP THE DOORS FROM OPENING.\*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 100092

Date Received

28-JUL-2004

Repository Reference No.  
10087656

## OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City UNKNOWN State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number  
999 999 9999E-mail Address  
\_\_\_\_\_Evening Telephone Number  
\_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

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  
KREIGER FORDEngine:  
No. Cylinders \_\_\_\_\_Fuel Type:  
GasOriginal Owner Dealer's City  
COLUMBUSState  
OH

Zip Code \_\_\_\_\_

Transmission Type \_\_\_\_\_

 Antilock Brakes

Powertrain \_\_\_\_\_

 Cruise Control

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH

Multiple Failure: 1

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

Incident Date(s)

01-JUL-2004

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, failure(s), cost(s), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  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).

PROBLEMS WITH 2000 FORD FOCUS REAR DOOR LATCHES. \*MR (THE REAR DOOR OPENED WHILE THE VEHICLE WAS IN MOTION) THE FUSE WAS BROKEN MAKING THE LATCH FREEZE. THE VEHICLE HAD A FAULTY PART IN THE LEFT SIDE DRIVER'S DOOR ACTUATOR. THIS MADE THE FRONT DOOR AND PASSENGER SIDE DOOR USELESS. THE DOOR COULD NOT BE OPENED FROM THE INSIDE OR OUTSIDE, NOT EVEN WITH THE UNLOCK BUTTON FROM THE INSIDE, THE KEY OR EVEN THE REMOTE. \*SC \*18

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

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**  
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**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: 25-AUG-2004  
Repository:   
Reference No.: 10088570

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: [Redacted] State: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAPP3434YW [Redacted]  
Make: FORD Model: FOCUS Model Year: 2000  
Date Purchased: 24-MAR-00 Dealer's Name and Telephone Number: \_\_\_\_\_  
Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Transmission Type:  Automatic  Manual  
Antilock Brakes:  Powertrain: \_\_\_\_\_  
Cruise Control:  Vehicle Component Code: 171100 LATCHES/LOCKS/LINKAGES; DOORS; LATCH  
Multiple Failure: 1

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

Incident Date(s): 25-SEP-2003  
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: DOTM15ABC036): \_\_\_\_\_ 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: 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 DRIVER'S SIDE DOOR CAME OPEN ON ITS OWN (WITH A CHILD IN THE BACK), SAFETY LOCKS WERE ENGAGED AND THERE WAS NO INDICATION FROM THE SENSOR LIGHT THAT THE DOOR WAS NOT LATCHED PROPERLY. SOON AFTERWARDS I BEGAN HAVING MORE FREQUENT DIFFICULTY GETTING SAME DOOR TO STAY LATCHED. DOOR IS NOW INOPERABLE AS IT WILL NOT LATCH ONCE OPENED. THE OTHER THREE DOORS DO NOT LATCH SMOOTHLY AND I OFTEN HAVE PROBLEMS GETTING THE TRUNK TO LATCH PROPERLY. ON ONE OF MY NUMEROUS RECALL TRIPS TO THE SERVICE CENTER, I ASKED IF THERE WERE ANY RECALLS ON THE DOORS AND WAS TOLD NO. SINCE THE CAR IS NO LONGER UNDER WARRANTY, I CANNOT AFFORD TO GET IT FIXED BUT NEITHER CAN I SAFELY TRANSPORT ANYONE IN THE REAR SEAT. THIS IS ABSOLUTELY RIDICULOUS. THE ENTIRE CAR SHOULD BE RECALLED AND REPLACED! \*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 100148

Date Received  30-AUG-2004	Repository <input type="checkbox"/>
	Reference No. 10088816

**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number	E-mail Address
Address				
City	State		Evening Telephone Number	

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP543XY	Make FORD	Model FOCUS	Model Year 2000
Date Purchased 04-JUN-00	Dealer's Name and Telephone Number		Engine: No. Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH
Multiple Failure: 3			

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

Incident Date(s) 08-JAN-2004	Failure Mileage 80000	Failure Speed 8	
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**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: D07M19ABC136)	<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 0	Number of Deaths 0	Reported to Police N
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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; include parts repaired or replaced (and if old part is available).

THREE DIFFERENT INSTANCES WHERE THE PASSENGER BACK DOOR FLEW OPEN WHEN MAKING A TURN. THE DOOR WAS PROPERLY CLOSED AND THE DOORS WERE LOCKED BUT THE DOOR FLEW OPEN. NO ONE WAS HURT THANK GOODNESS BECAUSE THEY HAD THEIR SEAT BELT ON. THEY COULD HAVE BEEN THROWN FROM THE CAR. IF YOU HAD A PET IN THE CAR THEY WOULD HAVE FALLEN OUT. ANOTHER TIME MY DAUGHTER WAS DRIVING THE CAR AND THE DOOR FLEW OPEN. SHE IS AN INEXPERIENCED DRIVER BEING ONLY 16 YEARS OLD. SHE COULD OF HAD A ACCIDENT. I NO LONGER LET HER DRIVE THIS CAR. IT IS A 2000 FORD FOCUS. I CALLED THE DEALERSHIP AND THEY SAID THEY WOULD HAVE TO LOOK INTO THE PROBLEM. I SAID WILL I BE CHARGED THEY SAID POSSIBLY....\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100148

Data Received

30-AUG-2004

Repository Reference No.  
1008834**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number

\_\_\_\_\_

E-mail Address

Evening Telephone Number

\_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAFP3B37YW \_\_\_\_\_ Make FORD Model FOCUS Model Year 2000

Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number  
WILLIAMS

Engine:  
No. Cylinders 4 Fuel Type:  
Gas

Original Owner  Dealer's City BUREA State OH Zip Code \_\_\_\_\_

Transmission Type  Antilock Brakes Powertrain  
MANUAL  Cruise Control FRONT WHEEL DRIVE

Vehicle Component Code  
171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
Multiple Failure: 2

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

Incident Date(s) 17-AUG-2004 Failure Mileage 50300 Failure Speed 20

**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: DOTMALSABC036)  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 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).

OPENED REAR (DRIVERS SIDE) DOOR AND PLACED GROCERIES ON BACK SEAT. CLOSED DOORS AND LEFT GROCERY STORE LOT. UPON MAKING A TURN, EN ROUTE, THE REAR DOOR SWUNG OPENED AND SOME ITEMS TUMBLED OUTI PULLED OFF THE ROAD AND TRIED TO CLOSE REAR DOOR. WAS UNABLE TO. GOT HOME AND USED A SCREWDRIWER TO WORK THE LATCH TO THE OPEN POSITION. WAS DIFFICULT TO GET THE DOOR TO STAY CLOSED. I TRY NOT TO USE THIS DOOR EVEN NOW. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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**

FOR AGENCY USE ONLY 100216

Date Received

18-AUG-2004

Repository Reference No.  
10089238

## OWNER INFORMATION (Type or Print)

Name

Address

City

State

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 8/18/04

## VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side  
1FAHP3633YW \_\_\_\_\_Make  
FORDModel  
FOCUSModel Year  
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:  
No. Cylinders 4

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 3

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

Incident Date(s)

10-MAY-2004

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: DOTM15ABC036)

 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

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 CONSUMER NOTICED THAT THE REAR PASSENGER SIDE DOOR OPENED ON ITS OWN. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND PULLED OVER. CONSUMER CLOSED THE DOOR, AND THE DOOR REOPENED ON ITS OWN. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC WAS NOT ABLE TO DUPLICATE THE PROBLEM. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY 100216</b>	
	Date Received 20-OCT-2004		Repository <input type="checkbox"/> Reference No. 10090149	
<b>OWNER INFORMATION (Type or Print)</b>				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	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 1FAPF363XYW		Make FORD	Model FOCUS	Model Year 2000
Date Purchased 01-AUG-03	Dealer's Name and Telephone Number BUDDEN FORD		Engine: No. Cylinders 4	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City HORTONVILLE	State NY	Zip Code 12745	
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) 15-JUL-2004	Failure Mileage 41000	Failure Speed 40		
<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: DOTMALSABC036)	<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 0	Number of Deaths 0	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(s) i.e., parts repaired or replaced (and if old part is available).				
WHILE DRIVING, THE CONSUMER NOTICED THAT THE REAR PASSENGER DOOR OPENED ON ITS OWN. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND PULLED OVER. THE CONSUMER CLOSED THE DOOR AND THE DOOR OPENED ON ITS OWN AGAIN. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, THE MECHANIC DETERMINED THAT THE LOCKING MECHANISM NEEDED TO BE REPLACED. *AK THE CONSUMER STATED BOTH REAR DOORS WERE INOPERATIVE. *JB				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
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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 241

Date Received

03-SEP-2004

Repository Reference No.  
10090355**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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    /    /   **VEHICLE INFORMATION**17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP3634YW \_\_\_\_\_Make  
FORDModel  
FOCUSModel Year  
2004Date Purchased  
10-JUL-00

Dealer's Name and Telephone Number

Engine:  
No. Cylinders   4  Fuel Type:  
GasOriginal Owner  

Dealer's City

State

Zip Code

Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise ControlPowertrain  
FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure:   3  **FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
15-JAN-2004Failure Mileage  
75000

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: DOTM15ABC035)

 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), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

  0  

Number of Deaths

  0  

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).

BOTH REAR DOORS INTERMITTENTLY OPENED WHILE DRIVING. DEALER WAS NOTIFIED. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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  
(1-888-327-4226)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

05-OCT-2004

Repository Reference No.  
10093641**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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    /    /   **VEHICLE INFORMATION**

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

1FAPP3436YK

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased  
06-FEB-01Dealer's Name and Telephone Number  
SKINNER & DAMULISEngine:  
No. Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
RICHFIELD SPRINGSState  
NY

Zip Code

Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise ControlPowertrain  
FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 2

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
02-OCT-2004Failure Mileage  
96000Failure Speed  
15**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

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).

BOTH REAR DOOR LATCHES DO NOT CLOSE, CAUSING DOORS TO SWING OPEN ON TURNS. THIS IS CONSISTENT WITH YOUR INVESTIGATION EA 04-023. AS I UNDERSTAND, THIS INVESTIGATION HAS BEEN UPGRADED ON 8/24/04. WILL THERE BE A RECALL? \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 252

Date Received

29-OCT-2004

Repository Reference No.  
10094457

## OWNER INFORMATION (Type or Print)

Name

Address

City

State

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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   /  /  

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP36P6YW166159Make  
FORDModel  
FOCUSModel Year  
2000Date Purchased  
27-SEP-04

Dealer's Name and Telephone Number

Engine:  
No. Cylinders 4Fuel Type:  
GasOriginal Owner  

Dealer's City

State

Zip Code

Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise ControlPowertrain  
FRONT WHEEL DRIVEVehicle Component Code  
171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 1

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

Incident Date(s)  
27-SEP-2004Failure Mileage  
140000Failure Speed  
55

## 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: DOTM1SABC036)

 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

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 PASSENGER'S SIDE DOOR OPENED UNEXPECTEDLY. THE DOOR LATCH WAS STUCK IN THE OPEN POSITION. THE DEALER REPLACED THE LATCH. \*AK \*NM

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100241

Date Received

29-SEP-2004

Repository Reference No.  
10095469**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP343XYW \_\_\_\_\_Make  
FORDModel  
FOCUSModel Year  
2000Date Purchased  
01-SEP-00Dealer's Name and Telephone Number  
VILLIAGE FORDEngine:  
No. Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
DEARBORNState  
MIZip Code  
48124Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure:

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
01-SEP-2004

Failure Mileage

Failure Speed

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

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC0361)

 Original Equipment  
 Prior Repair

Failure Location:

The 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

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).

DOORS NOT LATCHED PROPERLY AND SWINGING OPEN WHILE DRIVING. \*BF RIGHT DOOR STICKING AS WELL. CONSUMER UNABLE TO DRIVE THE VEHICLE BECAUSE OF THE RISK OF DOOR SWINGING OPEN. \*TC

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  
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FOR AGENCY USE ONLY 100079

Date Received

11-AUG-2003

Repository Reference No.  
10033629**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Daytime Telephone Number

508-473-8525

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 / /

**VEHICLE INFORMATION**17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FAPP3630YWMake  
FORDModel  
FOCUSModel Year  
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:  
No: Cylinders

Fuel Type:

Original Owner  

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
11-AUG-2003Failure Mileage  
50000Failure Speed  
60**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: DOTNALSABC035)

 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

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).

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 Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received: 18-JUL-2003  
Repository:   
Reference No.: 10021805

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

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: 7/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAPP36PXYW [Redacted]  
Make: FORD Model: FOCUS Model Year: 2000  
Date Purchased: \_\_\_\_\_ Dealer's Name and Telephone Number: FORD MOTORS Engine: No. Cylinders: 4 Fuel Type: Gas  
Original Owner:  Dealer's City: BIRMINGHAM State: AL Zip Code: \_\_\_\_\_  
Transmission Type: AUTOMATIC  Antilock Brakes Powertrain: \_\_\_\_\_ Vehicle Component Code: 171100 LATCHES/LOCKS/LINKAGES: DOORS:LATCH  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): \_\_\_\_\_ Failure Mileage: 87000 Failure Speed: \_\_\_\_\_

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

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/85R15): \_\_\_\_\_  
DOT No. (Example: D07MALSABC036): \_\_\_\_\_  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code: \_\_\_\_\_ The 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), condition, and injury(ies).)

Crash:  Yes  No Fire:  Yes  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).

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.

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 response, or a statistical summary thereof, may be used in support of the agency's action.



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(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1367

Date Received

01-APR-2004

Repository Reference No.  
10061508**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

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

**VEHICLE INFORMATION**

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

1FAPP3B36YV

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased  
15-OCT-01Dealer's Name and Telephone Number  
FOXLAKE FORD 847-567-3400Engine:  
No. Cylinders 4Fuel Type:  
Gas

Original Owner

Dealer's City

FOXLAKE

State

IL

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 25

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

Incident Date(s)

05-MAR-2003

Failure Mileage

40000

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: DOTM15ABC036)

 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

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 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.

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