



DOT Auto Safety Hotline Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS

FOR AGENCY USE ONLY	
Date Received	Oct. or _____ M. or _____ D. or _____ Yr. or _____
Reference No.	10022087

OWNER INFORMATION (Type or Print)

Name: [Redacted] *Subject to change*

Street No: [Redacted] Apt. No. _____

City: ROS. State: TX Zip Code: [Redacted]

Daytime 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 your signature, this report will be sent to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 4/29/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits): 07937390948

Make: Ford Model: Mustang Year: 2000

Purchased Date: 4/2/03 Dealer's Name: L.J. USED CARS Dealer's City: ROSENBERG State: TEXAS Zip Code: 77471

Engine Size (CID/CC/L): _____ No. Cylinders: _____ Turbo: Diesel: Gas: Fuel Injection:

Manufacture Date (on driver's door or pillar): ?

Transmission Type: Manual Automatic

Restraint System: Driver's Side Air Bag Motorized Passenger's Side Air Bag 2-Point Belt 2-Point Belt

Cruise Control: Yes No

Drivetrain: Front Rear 4-Wheel

Vehicle Type: Car Sport Utility Van Truck Minivan Motorcycle Other

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): MUFFLER

Location: Left Right Front Rear

Failed Part(s): Original Replacement

Handicap Adaptive Equip: Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: _____ Tire Name: _____

Complete Tire Size: _____ DOT No.: _____

No. of Failures: _____ Date(s) of Failure(s): _____ Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____

Failed Part(s) Available? Yes No

NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash: Yes No

Fire: Yes No

Number of Persons Injured: 2

Number of Fatalities: 0

Reported to Manufacturer: Yes No

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

all back smashed. front all BROKE. bumper feel hood popped up, windshield busted

Continues on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.