



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

Date Received

July 10, 2003

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_itr \_\_\_\_\_

Reference No.

10027062

## OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Street No. \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City Potomac State MD Zip Code \_\_\_\_\_

Daytime 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 7/13/03

## PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>1FAFP4049WF172829</u>		Make <u>FORD</u>	Model <u>MUSTANG</u>	Year <u>998</u>
Purchased Date <u>03/98</u>	Dealer's Name <u>OURISMAN FORD</u>		Engine Size (CID/Cyl) <u>3.8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>BETHESDA</u>	State <u>MD</u>	Zip Code <u>20817</u>	No. Cylinders <u>6</u>
Manufacture Date (on driver's door or pillar) <u>02/98</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passenger's Air Bag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivebrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

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

Part Name(s) <u>Turn Signal/Multi-Switch Assem.</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 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)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

## APPLICABLE INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of incident(s), failure(s), crash(es), and injury(ies).

Switch Defective - First the hazard lights ceased function, then the right front parking lamp quit (BULB Replacement did nothing) Now in addition, the right turn signal does not work unless partially depressed to a certain point by hand. Ford Technician said this was indicative of defective switch. DOT staff told me this was a safety issue and requested I fill out this form. Similar switch fault on family members 96 Merc Sedan - go w/out action until switch replaced.

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.