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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 100145

Date Received
2003 OCT -8
30-JUL-2003

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name
Address
City LIVERMORE State CA 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?
In the absence of your name or address to the vehicle manufacturer. YES NO
Signature of Owner Date 8/24/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FAFP4048YF
Make FORD Model MUSTANG Model Year 2000

Date Purchased Dealer's Name and Telephone Number
Original Owner Dealer's City FLEMONT State CA Zip Code
Engine: 6 Cylinders Fuel Type: GAS

Transmission Type: MANUAL
 Antilock Brakes Powertrain
 Cruise Control
Vehicle Component Code: 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): 20-MAY-2003 Failure Mileage: 40,000 Failure Speed: 40

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: DOTM4L9ABC136) 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: NONE Number of Deaths: NONE Reported to Police: YES

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).
List parts repaired or replaced (and if old part is available).

WHILE DRIVING AT 40 MPH VEHICLE WAS INVOLVED IN A COLLISION AND AIR BAGS DID NOT DEPLOY. DR

REAR END

WHILE DRIVING 65 MPH SLAMMED ON BRAKES HIT APPROX 40MPH - 8 CAR CRASH - ALMOST ALL OTHER CARS AIR BAGS OPENED MINE DIDNT. CAR WAS A TOTAL LOSS.

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 a 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.