



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 100192

Date Received

2004 APR 20 AM 10:03  
08-MAR-2004

Repository

Reference No.  
10081884

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: HOLLY SPRINGS State: MS Zip Code: [REDACTED]

Daytime Telephone Number

Email 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 [REDACTED] name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 4/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FALP42U6TF230588  
Make: FORD Model: MUSTANG Model Year: 1996  
Date Purchased: 12/2000 Dealer's Name and Telephone Number: Grisanti Rebel Motors 669-234-2311 Engine: No. Cylinders: 8 Fuel Type: 87 grade  
Original Owner:  Dealer's City: Oxford, MS State: MS Zip Code: 38635  
Transmission Type:  Automatic Brakes:  Powertrain:  Cruise Control  
Vehicle Component Code: 063200 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; MANIFOLD  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): Failure Mileage: 103000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/65R16):  
DOT No. (Example: DOT1MAL9ABC038)  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).

CONSUMER WAS COMPLAINING ABOUT PLASTIC INTAKE MANIFOLD. IT JUST DIDN'T STAND UP TO THE HEAT THAT WAS CREATED WHEN IN USE. CONSUMER MADE SEVERAL ATTEMPTS TO GET THIS RESOLVED. HOWEVER, THE CONSUMER HAD NOT RECEIVED ANY ASSISTANCE FROM THE MANUFACTURER. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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 responses, or a statistical summary thereof, may be used in support of the agency's action.