



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 -09 PM 12:52
16-MAR-2004

Repository

Reference No.
10063291

OWNER INFORMATION (Type or Print)

Name

Address

City HUDSON

State OH

Zip Code

Dealer Telephone Number

E-mail Address

Dealer Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an owner's name or address to the vehicle manufacturer, YES No T.C.
Signature of Owner _____ Date 3/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
ZFFFG36A3L0087227

Make FERRARI

Model 348

Model Year 1990

Date Purchased
Sept. 2000

Dealer's Name and Telephone Number

Engine:
No. Cylinders 8

Fuel Type:
Gasoline

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Manual
5-Speed

Antilock Brakes

Cruise Control

Powertrain

V-8- 3.4 liter
Manual 5-speed trans.

Vehicle Component Code

151000 SEAT BELTS:FRONT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage
34000

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: DOT1MALBABC036)

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 COMPLAINED ABOUT AUTOMATIC SEAT BELT RESTRAINT PROBLEM. NEITHER DRIVER SIDE OR PASSENGER SIDE AUTOMATIC SEAT BELT WERE FUNCTIONING PROPERLY. *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 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.