



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

10089161

Od_or _____
rt_dit _____
od_it _____
up_ltr _____

Reference No.

OWNER INFORMATION (Type or Print)

2009 AUG 17 PM 4:51

Name

Street No.

City

GARDEN GROVE

State

CA

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

8/17/09

PRODUCT INFORMATION

Vehicle Identification No. (VIN)
(17 Digits)(Located at bottom of
windshield on driver's side)

5FNAR186X3B

Make

FORD

Model

MUSTANG

Year

1998

Purchased Date

5-27-08

Dealer's Name

LEVER FORD

Engine Size
(CID/COI)

3.8

 Turbo Diesel Gas Fuel Injection New Used

Dealer's City

GARDEN GROVE

State

CA

Zip Code

92840

Manufacture Date
(on driver's door or pillar)

04/1998

Transmission Type

 Manual Automatic

Restraint System

 Driverside Air Bag Motorbelt Passengerside Air Bag 2-Point Belt 3-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)

gas tank seal

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 NoNHTSA 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

Number of Fatalities

Reported to Manufacturer

 Yes No

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

When the tank
gas leaks every time the gas tank is filled 1/2
to a full
gas leaks at the connector between ^{where} intake pipe
and meet the tank. Rubber seal at that
connector is very loose and wet when gas leaks.
Smell of gas odor can be noticed very obviously.

Continue 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 administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.