



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 100248

Date Received

2005 MAR -2 AM 3:34
00-FEB-2005

Repository ☐

Reference No:
10111230

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: FOSTER CITY State: CA Zip Code: [REDACTED]

Daytime Telephone Number

E-mail 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 an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 2/16/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAEP42X3WE [REDACTED]
Make: FORD Model: MUSTANG Model Year: 1998

Date Purchased: 11-14-98 Dealer's Name and Telephone Number: FUTURE FORD (916) 786-3673
Original Owner: ☐ Dealer's City: ROSEVILLE, CA State: CA Zip Code: 95661
Engine: No. Cylinders: 8 Fuel Type: Gas

Transmission Type: AUTOMATIC ☐ Antilock Brakes ☒ Cruise Control
Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 161300 SEAT BELTS:FRONT:RETRACTOR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-FEB-2005 Failure Mileage: 83,000 Failure Speed: SEAT BELTS GETTING WORSE BY THE MONTH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/B5R15): [REDACTED]
DOT No. (Example: DOTM18ABC035): [REDACTED] ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 0 Number of Deaths: 0 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).

THE SEAT BELTS IN THE FRONT DO NOT OPERATE PROPERLY BECAUSE THEY HANG DOWN AND DO NOT RETRACT, MAKING IT DANGEROUS IF THE VEHICLE WERE TO BE INVOLVED IN AN ACCIDENT. MANUFACTURER WILL CONTACTED BY CONSUMER. *AK

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 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.

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

SEAT BELTS ARE HARD TO PULL OUT AND WILL NOT
RETRACT ALL THE WAY BACK. SEAT BELT FITS LOOSE ON
BODY AND GETS CAUGHT IN CLOSED DOOR CHEWING UP
SEAT BELTS.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS

COMPLETE THIS FORM

OR

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and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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