



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 100148

Date Received

Repository

29-AUG-2007

Reference No.

10201149

2007 SEP 26 PM 1:26

OW

Name

Daytime Telephone Number

E-mail Address

Address

City

State MI

Zip Code

WIXOM

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [] NO
In the absence of an address to the vehicle manufacturer.
Signature of Owner Date 9/1/07

VEHICLE INFORMATION

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

1ZVHT82H17

Make

FORD

Model

MUSTANG

Model Year

2007

Date Purchased
01-MAR-07

Dealer's Name and Telephone Number
TOM HOLZER CORP 248 615 2247

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner
[X]

Dealer's City
FARMINGTON HILLS, MI 39300 W. TENNILE

State

MI

Zip Code
48335

Transmission Type
MANUAL

[X] Antilock Brakes
[X] Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 60

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-JUN-2007

Failure Mileage
6700

Failure Speed
40

ELECTRICAL SYSTEM (SEE ATTACHED STATEMENT)

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: DOTM19ABC036) [] 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 [X] No Fire [] Yes [X] 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).

TL*THE CONTACT LEASES A 2007 FORD MUSTANG. THE CONTACT STATED THAT THE ELECTRONIC REMOTE DOES NOT WORK. IF THE DOOR IS OPENED MANUALLY, IT SHUTS DOWN THE ELECTRONIC SYSTEM AND THE BRAKE LIGHTS. THE FAILURE WAS NOTICED WHILE DRIVING 40 MPH. THE SYSTEM WILL OPERATE NORMALLY AFTER A FEW MINUTES. THE DEALER REPLACED THE INSTRUMENTAL PANEL AND MODULES, BUT THE FAILURE WAS NOT CORRECTED. THE DEALER INFORMATION WAS UNKNOWN. THE CURRENT MILEAGE WAS 8,062 AND FAILURE MILEAGE WAS 6,700.

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.

MICHIGAN REGISTRATION

TERRI LYNN LAND
Secretary of State

Plate [REDACTED] Expires: 03/09/2008

RE [REDACTED]

2007 FORD [REDACTED] 2 DOOR

Vehicle No.: 1ZVHT82H1 [REDACTED]

6 165 683 367 182

Fee Cat. or Wt.: 000026

County: OAKLAND

ECALM LLC LS [REDACTED]

WIXOM [REDACTED]

MI [REDACTED]



9JBQ26 F

License Fee: [REDACTED]

06272007 H3 V178 121 0028

5.00

TR-11

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tom Holzer Ford
39300 W. Ten Mile Rd.
Farmington Hills, MI
48335

2. Article Number
(Transfer from service label)

7007 0220 0002 4827 0443

COMPLETE THIS SECTION ON DELIVERY

A. Addressee Agent
 Addressee Addressee

B. Received by (Printed Name) Agent
C. Date of Delivery 8-9-07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

THIS LETTER WAS
SENT TO THE BBB, IT
EXPLAINS THE PROBLEM.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**