

U.S. Department
of TransportationNational 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

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27-NOV-2007

Reference No.

10210072

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City

EAST PALATKA

State

FL

Zip Code

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 12/28/07

VEHICLE INFORMATION

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

Make
FORDModel
MUSTANG GTModel Year
1998

1FAPP42X1W

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

8-17-2001

Light House Toyota

No: Cylinders 8

Gas

Original Owner

Dealer's City

State

Zip Code

St. Augustine

Fl.

32086

Transmission Type

 Antilock Brakes

Powertrain

Vehicle Component Code

AUTOMATIC

 Cruise Control

REAR WHEEL DRIVE

061000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
22-NOV-2007Failure Mileage
140000Failure Speed
0

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: DOTM9ABC036)

 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

0

Number of Deaths

0

Reported to Police

Y

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 OWNS A 1998 FORD MUSTANG GT. APPROXIMATELY FIFTEEN MINUTES AFTER PARKING AND EXITING THE VEHICLE, THE ENGINE COMPARTMENT BECAME ENGULFED IN FLAMES. THE VEHICLE WAS DESTROYED. THERE WAS DAMAGE TO ANOTHER VEHICLE AND TO A NEIGHBORING HOME; HOWEVER, THE CONTACT DID NOT KNOW THE EXTENT OF THE DAMAGE. A FIRE REPORT WAS FILED. THE VIN AND PURCHASE DATE WERE UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 140,000.

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.