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 ☐
28-MAY-2008 2008 JUN 16 PM 2:04	Reference No. 10229082

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: MIDDLE ISLAND	State: NY	Zip Code: [redacted]	Evening Telephone Number: SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an [redacted] *me or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 6/4/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FABP45E2K[redacted]	FORD	MUSTANG	1989

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
9-14-88	BURNS FORD		

Original Owner	Dealer's City	State	Zip Code
☑	HUNTINGTON	N.Y.	

Transmission Type			Vehicle Component Code
	☐ Antilock Brakes ☒ Cruise Control	Powertrain	116000 ELECTRICAL SYSTEM:IGNITION Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-MAR-2008	123000	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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 OWNS A 1989 FORD MUSTANG. WHENEVER THE KEY IS INSERTED INTO THE IGNITION TO START THE ENGINE, THE VEHICLE WILL NOT START ON THE FIRST ATTEMPT. THE CONTACT MUST REMOVE THE KEY FROM THE IGNITION AND RETRY IN ORDER FOR THE VEHICLE TO START. HE DISCOVERED NHTSA CAMPAIGN ID NUMBER 96V071000 (ELECTRICAL SYSTEM:IGNITION); HOWEVER, THE DEALER STATED THAT HIS VIN WAS NOT INCLUDED IN THE RECALL. THE FAILURE MILEAGE WAS 123,000 AND CURRENT MILEAGE WAS 125,000.

ALSO CONTACT HAD STARTER & STARTER RELAY REPLACED. THE CONTACT TOOK HIS VEHICLE TO SAYVILLE FORD ON 3/4/08 TO HAVE IGNITION CHECKED OUT.

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 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.