



DOT Auto Safety Hotline

U.S. Department of Transportation  
National Highway Traffic Safety Administration

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: 22-OCT-2008  
Repository:   
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OWNER INFORMATION (Type or Print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: CHARLEROI State: PA Zip Code: \_\_\_\_\_

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 a signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner: \_\_\_\_\_ Date: 10/29/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number: 1ZVFT80N165  
Make: FORD Model: MUSTANG Model Year: 2006  
Date Purchased: 9-29-08 Dealer's Name and Telephone Number: DAVIES FORD 724-483-5541  
Engine: V-6 Fuel Type: Gas  
Original Owner:  No Dealer's City: CHARLEROI State: PA Zip Code: 15022  
Transmission Type: AUTO 5 SPEED  
 Antilock Brakes Powertrain: V-6 Multiple Failure: Both Headlights  
 Cruise Control Incident Date(s): 07-OCT-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 130000 VISIBILITY, 121000 EXTERIOR LIGHTING: HEADLIGHTS  
Failure Mileage: 47000 Failure 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: 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  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).

TL\*THE CONTACT OWNS A 2006 FORD MUSTANG. THE CONTACT STATED THAT THE HEADLIGHT COVERS ON HIS VEHICLE HAVE GATHERED MOISTURE, WHICH REDUCES VISIBILITY WHILE DRIVING AT NIGHT. THE HEADLIGHTS ARE VERY DIM. HE TOOK THE VEHICLE BACK TO THE DEALER FOR THE HEADLIGHTS TO BE CHANGED; HOWEVER, THEY STATED THAT IT COULD NOT BE DONE. THE FAILURE MILEAGE WAS 47,000.

*We are getting poor quality from a A-1 quality car. The damage was done before I bought the car unless I pay for it. I feel*

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.