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

2009 MAR 16 PM 5:11

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
12-FEB-2009	Reference No. 10258435

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City COOPER CITY	State FL	Zip Co	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an OT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 2/28/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP4046YF	FORD	MUSTANG	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.8L	Fuel Type:
5-12-2000	Mullinax Ford - AutoNation			No: Cylinders V6	Unleaded Gasoline
Original Owner ☑	Dealer's City Pompano Beach	State FL	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
Automatic	☐ Antilock Brakes ☑ Cruise Control	Powertrain		26-JAN-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS	Failure Mileage	Failure Speed
	116000	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 2000 FORD MUSTANG. THE CONTACT STATED THAT THE FRONT PASSENGER SIDE SEAT BELT FAILED.. IT WILL NOT EXTEND MORE THAN THREE INCHES OVER OCCUPANTS IN THE FRONT SEAT. THE FORD MANUFACTURER STATED THAT THE VEHICLE WAS NOT INCLUDED IN A RECALL. THE DEALER STATED THAT THE CONTACT WOULD HAVE TO PAY FOR THE REPAIR. THE FAILURE MILEAGE WAS 116,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY