



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: 27-FEB-2009	Repository <input type="checkbox"/>
	Reference No: 10260180

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	E-mail Address
Address					
City	CANFIELD	State	OH	Zip Code	
				Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an address to the vehicle manufacturer. YES NO
Signature of Owner _____ Date 3/13/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1ZVFT82HX65	Make FORD	Model MUSTANG GT	Model Year 2006
Date Purchased 8-25-2006	Dealer's Name and Telephone Number FAIRWAY FORD 330 533 3673		Engine: No: Cylinders 8
Original Owner <input checked="" type="checkbox"/>	Dealer's City CANFIELD OH	State OH	Zip Code 44406
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Multiple Failure:	Fuel Type: BP Reg. unleaded
			Incident Date(s) twice in 2007, and Feb. 23, 2009 - CRASH

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage 7785	Failure Speed 5 mph.
--	-------------------------	-------------------------

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)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured one-driver	Number of Deaths 0	Reported to Police PA Highway Patrol
--	---	---	-----------------------	---

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).

MERELY TO MOVE UP IN A LINE OF TRAFFIC,
TL*THE CONTACT OWNS A 2006 FORD MUSTANG GT. WHILE ACCELERATING FROM A STOP THE CONTACT GENTLY APPLIED PRESSURE TO THE ACCELERATOR PEDAL. HOWEVER, THE VEHICLE BEGAN TO ACCELERATE UNEXPECTEDLY AT A HIGHER RATE. THE VEHICLE WAS TAKEN TO THE DEALER, IMMEDIATELY AFTER THE FIRST INCIDENTS. THEY FOUND NO CAUSE AND REGARDLESS OF MY EXPLANATIONS, CONCENTRATED, BOTH TIMES, ON THE BRAKE SYSTEM. I WAS GIVEN FORMS TO FILL OUT, IN CASE IT HAPPENED AGAIN: ROAD CONDITIONS, ETC. I WROTE DETAILED EXPLANATIONS, REPEATING THAT THE WERE EXCELLENT - THE PROBLEM WAS THE SUDDEN EXPLOSIVE ACCELERATION.
BRAKES

OVER FOR CRASH DESCRIPTION

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.

North of Pittsburgh PA, Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

2-23-09, 4:30 PM, dry, Rte. 279 just south of 279/79 split. We are northbound in the right lane; traffic creeping & stopping, creeping & stopping. Cars in front of me stop & begin to creep ahead again. At least 2 car lengths between my car & the one ahead of me. I apply minimum accelerator & my car leaps FULL-THROTTLE, tires scream, I jam my right foot on brakes, then my left foot on top of right. My car bucks along as the ABS grabs & releases again & again. Motor continues to roar as we crash into rear of car ahead. At that point my back was broken. I'm told we then hit the car ahead again, though my legs were virtually useless at that time. I & my 2 passengers were wearing seatbelts. Airbags did not deploy. I had to plead guilty to "following too close" to avoid a summons or a trial. I had no way to get to the court, nor could I travel with a back fracture.

ATTACH ADDITIONAL SHEETS, IF NECESSARY

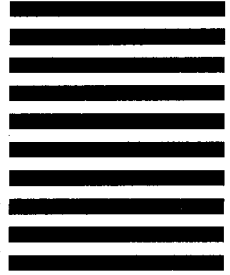
U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

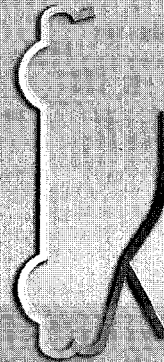
POSTAGE WILL BE PAID BY ADDRESSEE



**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

