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 ☐
24-APR-2009	Reference No. 10266652

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City LAHALAN lahaina	State HI	Zip Code [redacted]	

Do you authorize N[redacted]to the manufacturer of your vehicle? ☒ *YES* ☒ *NO*
In the absence of a[redacted]vide your name or address to the vehicle manufacturer.
Signature of Owne[redacted] Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP404XYF[redacted]	FORD	MUSTANG	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	51000	35

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	1	0	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 2000 FORD MUSTANG. WHILE DRIVING 35 MPH AND MAKING A LEFT HAND TURN THE VEHICLE HIT A GUARD RAIL AND THE AIRBAGS DID NOT DEPLOY. THE VEHICLE WAS DRIVABLE. THE DEALER WAS CONTACTED A FEW DAYS AFTER THE CRASH AND THEY FILED A REPORT. THE CONTACT HAD TO RENT A VEHICLE DUE TO THE FACT THAT THE DEALER DID NOT WANT THE VEHICLE TO BE DRIVEN. THEY STATED THAT THEY WOULD SEND SOMEONE OUT TO DIAGNOSE IT. NO ONE HAS GONE TO DIAGNOSE THE VEHICLE. THE CONTACT HAS NOT RECEIVED A CALL FROM THE DEALER. THERE WERE MAJOR INJURIES, THE DRIVER SUFFERED A CONCUSSION AND SPRAINED HIS SHOULDER. THE WINDSHIELD AND FRONT OF THE VEHICLE WERE HEAVILY DAMAGED. A POLICE REPORT WAS FILED. THE FAILURE AND CURRENT MILEAGE WAS 51000.

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

April 21, 2009

I am writing this letter to all parties listed after months of frustration, and quite frankly shock that a company could in this day and age of consumer awareness act with such blatant irresponsibility to a customer.

In November of 2008 our son was involved in a motor vehicle accident while driving our 2000 Ford Mustang. We purchased this car new at that time, and it has only 51,000 miles on it. He was not wearing his seat belt, nor was his passenger. As reflected on the police report submitted to your company, neither airbag deployed. Our son received a brain concussion, a sprained shoulder, and has since recovered. What has happened since that time has been unconscionable on the part of Ford Motor Co.

Shortly after the accident, I contacted your customer service center. I explained that we were anxious to have the car repaired. We were told NOT to have the car repaired as it would need to be looked at by your company, and it was noted that we would be renting a car in the interim in order to have transport in our daily lives. I received a package from Michelle Hull, Product Claims Team Leader in your product claims legal department. We were instructed to send full documentation and details including photos, accident report, as well as paperwork sent by Ford. The paper specifically stated again NOT to have the car repaired as it would need to be looked at by your investigators. We sent this full package of documentation back to you January 8 of this year. Our reference number with Ford Customer service is 1604410094.

To this very day we have not had the courtesy or decency of a response from ANY representative of your company. In fact, I have made at least 20 phone calls to your customer service center whom I originally contacted as well as voice mails to the product claims department and the legal department. I have been told that the customer service department cannot do anything, but that they would fax the legal department in order to contact us. I consider this to be an insult. During the past 6 months we have paid to rent a car. I have done this at the very lowest amount possible, renting a subcompact car at the lowest rates possible. The car is still sitting as we were told to do by your company OVER FIVE MONTHS AGO!!

This whole experience is unacceptable. Although our son has recovered, the car is unsafe. We cannot now trust that if there ever were another accident that it would work. In addition, even if we repair the car, we could never sell it as it could be a danger to anyone driving it. I have researched and found that air bag deployment is a serious issue of litigation, and in fact have seen that the 2000 Ford Taurus was involved in litigation involving a crash resulting in fatal injuries as a direct result of a fault with the airbag sensor resulting in failure of the airbag to deploy.

We were lucky that our son and his passenger did not receive serious injuries. As the pictures we sent to your company in January clearly show, the shape of the skull of both

our son and his passenger are clearly outlined in the windshield. The complete lack of concern, commitment, and responsibility displayed is UNACCEPTABLE.

We would like this matter to be over immediately, and demand that the car be replaced and we be reimbursed for the rental car expenses we have incurred as a direct result of this manufacturing and/or design flaw as well as the complete breakdown of communication and shameful lack of attention to this matter by Ford Motor Co. We look forward to having this resolved immediately, as five months is more than sufficient time to have resolved this.

[redacted]
Lahaina, HI [redacted]
Tel. [redacted]

CC: Department of Transportation
Case [redacted]

Federal Trade Commission
Reference #22506876

Hawaii State Consumer Protection Agency

William Clay Ford, Jr.
Alan Mulally
Michael E. Bannister
Lewis W.K. Booth
Mark Fields
Bennie W. Fowler
David G. Leitch
Nicholas J. Smither
Darryl B. Hazel
Raymond F. Day
James P. Tetreault
Board of Directors, Ford Motor Co.
Rudnitsky Law Firm

E (HWY-T) Rev. 06/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 08-95904

(120) ALL PERSONS

E - Ejection
00 Not Ejected
01 Ejected, Total
02 Ejected, Partial
03 N/A Non-motorist
04 Unknown

F - Safety Equipment Use
00 Not Present
01 Not Used
02 Shoulder/Lap Belt Used
03 Lap Belt Only Used
04 Shoulder Belt Only Used
05 Not Able to Determine
06 Child Restraint (Forward)
07 Child Restraint (Rear)
08 Booster Seat
09 Child Restraint (Unk. Type)
10 Child Restraint (Rear)
11 Helmet Used
12 N/A (Non-Motorist)
13 Unknown

G - Air Bag Deployed
00 Not Present
01 Not Deployed
02 Deployed - Front
03 Deployed - Side
04 Deployed - Other
05 Deployed - Combination
06 Deployed - Curtain

H - Injury Class
00 None
01 Possible
02 Non-Incapacitating
03 Incapacitating
04 Fatal
05 Unknown

I - Injury Area
00 None
01 Head
02 Face
03 Eye
04 Neck
05 Thorax (Chest)
06 Spine/Back
07 Shoulder/Upper Arm
08 Elbow/Lower Arm/Hand
09 Abdomen/Pelvis
10 Hip/Upper Leg
11 Knee/Lower Leg/Foot
12 Entire Body

J - Accident Site Care
00 None
01 First Aid
02 Resuscitation
03 Extrication
04 Both 1 & 2
05 Both 1 & 3
06 Both 2 & 3
07 Other
08 Refused

K - Trans. to Med. Facility
00 Not Transported
01 EMS
02 Police
03 Helicopter
04 Private Vehicle
05 Other

L - Medical Facility

Hawaii County
00 Hilo Medical Center
02 Kona Hospital
03 Kau Hospital
04 Kohala Hospital
05 Honokaa Hospital
06 N. Hawaii Comm. Hosp.

Maui County
07 Kula General Hospital
08 Maui Mem. Med. Ctr.
09 Kaiser Clinic
10 Hana Clinic

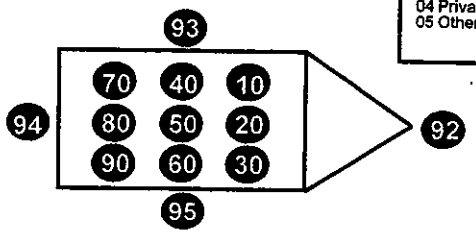
Molokai/Lanai
11 Molokai General Hosp.
12 Lanai Comm. Hospital

Kauai County
13 Wilcox Memorial Hosp.
14 Kauai Vet. Mem. Hosp.

C&C Honolulu
15 Castle Medical Center
16 Shriner's Hosp. for Children
17 Kahuku Hospital
18 Kaiser Permanente
19 Kaiser Clinic - Honolulu
20 Kaneohe State Hospital
21 Kapiolani Medical Ctr.
22 Kapiolani Med. Pali Momi
23 Kuakini Med. Ctr.
24 Hawaii Med. Ctr.

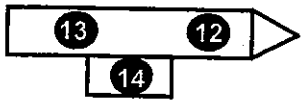
Kauai County
25 Hawaii Med. Ctr. West
26 Queen's Medical Center
27 Straub Clinic & Hosp.
28 Tripler Army Med. Ctr.
29 Wahiawa General Hosp.
30 Waianae Comp. Ctr.

99 Other



Motor Vehicle
For lap positions use 1 in place of 0

B - Position in Unit



Pedestrian
15

M - Condition
01 Refused Treatment
02 Released
03 Good, Fair
04 Serious, Guarded
05 Critical
06 Dead on Arrival
07 Dead Other

Name and Address	A Unit	B Posit.	C Age	D Sex	E Eject	F Safety	G Air Bag	H Injury	I Area	J Care	K Trans	L Hosp.	M Cond.	N EMS No.
[redacted] Kaanapali, HI	U-1	10	20	M	00	01	01	01	08	01	00	X	01	
[redacted] Lahaina, HI	U-1	30	19	M	00	01	01	01	08	01	00	X	01	

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO II, K THOMPSON	E-0307	11/27/08 03:00	Sgt. W HANKINS	0715	11/27/08

EH 682425677 US

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 96761	Day of Delivery ☐ Next ☐ 2nd ☐ 2nd Del. Day	Postage $ 16.50
Date Accepted 1/6/09 Mo. Day Year	Scheduled Date of Delivery Month 1 Day 8	Return Receipt Fee $
Time Accepted 8:32 ☐ AM ☐ PM	Scheduled Time of Delivery ☐ Noon ☐ 3 PM	COD Fee $ / Insurance Fee $
Flat Rate ☐ or Weight 6 lbs. ozs.	Military ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees $ 16.50
	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

☒ **WAIVER OF SIGNATURE** *(Domestic Mail Only)*
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid pr[redacted]

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Mailer Signature

FROM: (PLEASE PRINT) PHONE [redacted]

[redacted]

lahaina HI [redacted]

TO: (PLEASE PRINT) PHONE ( )

Michelle Hull
Ford Motor Co.
Product Claims Dept
PO Box 70
Dearborn MI

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

4 8 1 2 1 + 0 0 7 0

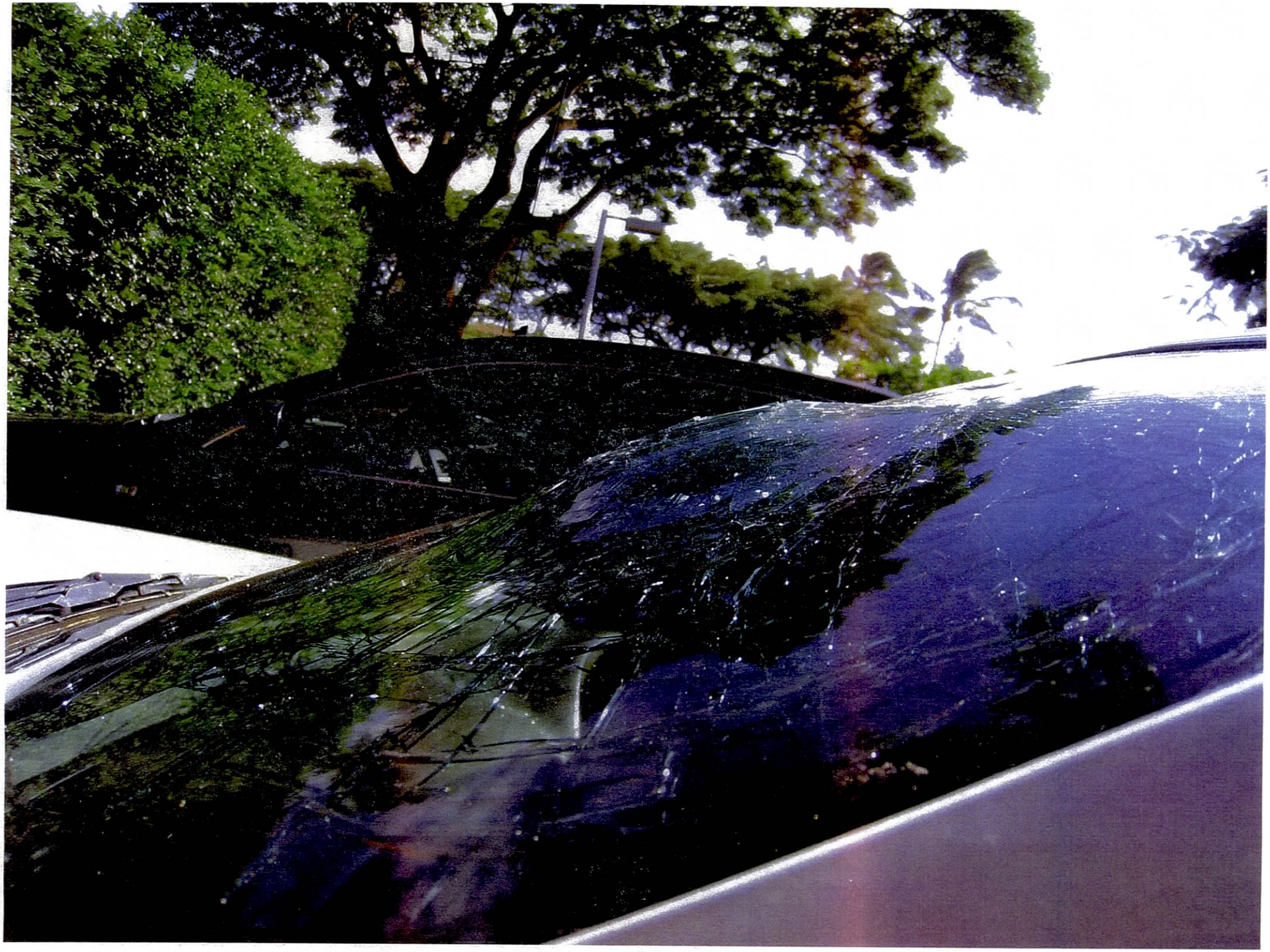
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

Delivered 1/8/09

FOR PICKUP OR TRACKING
Visit **www.usps.com**
Call **1-800-222-1811**

EMS


Aviation Academy



To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.