



DEC

8 2009

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects1-888-DASH-2-DOT
(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

Date Received

23-OCT-2009

Repository Reference No.
10289493**OWNER INFORMATION (Type or Print)**

Name

Address

City

FLAT ROCK

State

MI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1ZVHT84N385

Make

FORD

Model

MUSTANG

Model Year

2008

Date Purchased

9-08

Dealer's Name and Telephone Number

TAYLOR FORD

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

TAYLOR

State

MI

Zip Code

48180

6

GAS

Transmission Type

Auto

 Antilock Brakes Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

28-SEP-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

17000

Failure Speed

30

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

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

Reported to Police

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 2008 FORD MUSTANG. WHILE MAKING A LEFT TURN AT 10 MPH SHE CRASHED INTO AN OPPOSING VEHICLE ON THE FRONT DRIVER SIDE BUMPER. THE AIR BAGS FAILED TO DEPLOY, EVEN THOUGH IT WAS A MASSIVE LEVEL OF IMPACT. THERE WERE NO INJURIES. THE VEHICLE WAS TOWED TO A COLLISION CENTER AND THE ESTIMATED REPAIR COST WAS \$14,000.00. THE POLICE WERE PRESENT AT THE CRASH SITE. THE FAILURE AND CURRENT MILEAGES WERE 17,000.

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.