



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
 2010 JAN 14 PM 3:21
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received 17-DEC-2009	Repository <input type="checkbox"/>
Reference No. 10296206	

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	STANFORD <i>Sanford</i>	State	NC
Zip Code	[REDACTED]		

Daytime Telephone Number	E-mail Address
[REDACTED]	[REDACTED]
Evening Telephone Number	[REDACTED]

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 1ZVHT80NX8[REDACTED]	Make FORD	Model MUSTANG	Model Year 2008
Date Purchased	Dealer's Name and Telephone Number <i>Sanford Ford Lincoln Mercury 919-775-2221</i>	Engine: No: Cylinders <i>6</i>	Fuel Type: <i>Gas</i>
Original Owner <input checked="" type="checkbox"/>	Dealer's City <i>Sanford</i>	State <i>NC</i>	Zip Code <i>27332</i>
Transmission Type <i>Auto</i>	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 16-DEC-2009 <i>Dec 15 2009</i>

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 141000 AIR BAGS: FRONTAL <i>Side Airbags</i>	Failure Mileage 22000	Failure Speed
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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 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 1	Number of Deaths	Reported to Police Y
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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 DRIVING 45 MPH HE STRUCK A WET SPOT ON THE ROAD, AND THEN CRASHED HEAD FIRST INTO THE GUARD RAIL WHICH CAUSED THE VEHICLE TO ROLL OVER THREE TIMES. NONE OF THE AIR BAGS DEPLOYED. HE SUFFERED MINOR INJURIES TO HIS HEAD, NECK, AND BACK. THE VEHICLE HAS NOT BEEN DIAGNOSED BY THE DEALERSHIP. THE CURRENT AND FAILURE MILEAGES WERE 22000.

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.

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

Driver [redacted] was approaching curve with a speed of 45-55. After hitting wet/muddy spot on right side of the road, he lost control of the car therefore hitting head first into an embankment which in return caused car to roll 2-3x. Side Airbags nor frontal airbags deployed. Minor injuries, lacerations to top of head/garms also causing discomfort to neck and upper back. Copy of police report is included. My concern was there has been an issue with the 2008 Mustang airbags before, but ~~if there~~ is there still a defect? I could have easily lost my life.

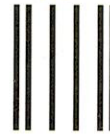
ATTACH ADDITIONAL SHEETS IF NECESSARY

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

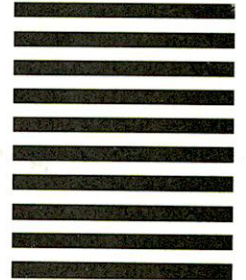


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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**



GREENSBORO NC 270
PIEDMONT TRIAD AREA
06 JAN 2010 PM 2

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



NORTH CAROLINA UNIFORM CITATION-DEFENDANT'S COPY

STATE OF NORTH CAROLINA HARNETT County District Court Citation No. 913E858

TO THE DEFENDANT NAMED BELOW: You have been charged with the misdemeanor(s) or infraction(s) specified below. Read this citation carefully.

YOUR COURT DATE AND LOCATION

Court Day Of Week Date Time Court Location Courtroom
 WEDNESDAY 01/27/2010 09:00 AM LILLINGTON 0002

THE STATE OF NORTH CAROLINA VS.

Name Of Defendant Address City State Zip
 [REDACTED] [REDACTED] SANFORD NC [REDACTED]

Drivers License No. State Source CDL Class Race Gender Date Of Birth Age Social Security No.
 [REDACTED] NC DL NO C WHITE MALE [REDACTED] 34 [REDACTED]

WHAT YOU ARE CHARGED WITH

The officer named below has probable cause to believe that on or about TUESDAY the 15 day of DECEMBER 2009 at 11:00 AM in the county named above you did unlawfully and willfully OPERATE A MOTOR VEHICLE ON A STREET OR HIGHWAY WITHOUT DECREASING SPEED AS NECESSARY TO AVOID COLLIDING WITH A DITCH. (G.S. 20-141(N))

and on or about TUESDAY the 15 day of DECEMBER 2009 at 11:00 AM in the county named above you did unlawfully and willfully ON A PUBLIC HIGHWAY OF SUFFICIENT WIDTH FOR TWO-WAY TRAVEL WITHOUT KEEPING THE VEHICLE ON THE RIGHT HALF OF THE HIGHWAY. (G.S. 20-146(A))

YOUR VEHICLE

Vehicle License No. State Trailer Type CMV Vehicle Type Make Year Max. Wt.
 [REDACTED] [REDACTED] NO PASSENGER (2 OR 4-DOOR SEDAN) FORD 2008 NO

OTHER INFORMATION

Area Weather Visibility Traffic Accident Speed Or Highway No./Street
 OPEN COUNTRY RAIN FOG, SMOG, SMOKE OR DUST LIGHT I-01 A 55 RP 2030

Injury or Serious Injury SHP Code In Vicinity/City Of At/Neat Intersection
 Passenger or Under 16 4 SANFORD RP1209

CHARGING OFFICER INFORMATION

Date Signature Of Officer No. Law Enforcement Agency Troop/Section District Code
 12/15/2009 TRP. S U PAE 2636 STATE HIGHWAY PATROL B 8

IMPORTANT NOTICE

You must do one of the following:

- appear in District Court on the court date, time, and location shown above. OR
 - dispose of this case by waiving your trial, pleading guilty/responsible and paying the total amount shown below before the court date shown above, as explained in the Waiver Instructions below.
- if you wish to contest the charge(s) or appear before a judge, you must appear in court on the court date shown above. If you fail to dispose of your case by waiver prior to the court date shown above, and if you fail to appear on your court date,
- criminal process may be issued against you and you may be arrested for your failure to appear.
 - your drivers license will be revoked, and
 - additional fees will be assessed along with all other costs identified below.

WAIVER INSTRUCTIONS

If you wish to dispose of this case by waiving your trial, pleading guilty/responsible and paying the total amount shown below, you must do the following before the close of business on the last business day before the court date shown above:

1. Date and sign this Citation in the space provided below.
2. Return this Citation by mail or in person to the Clerk of Superior Court, HARNETT County Courthouse, 301 W CORNELIUS HARNETT BLVD STE 100, LILLINGTON NC 27546-5108, or to any magistrate of the county shown above.

Payment must be by certified check or money order marked payable to the "Clerk of Superior Court" or, if made in person, in cash. PERSONAL CHECKS WILL NOT BE ACCEPTED. Do not mail cash.

WAIVER OF TRIAL/HEARING - PLEA OF GUILTY/RESPONSIBLE - CONSENT TO ENTRY OF JUDGMENT

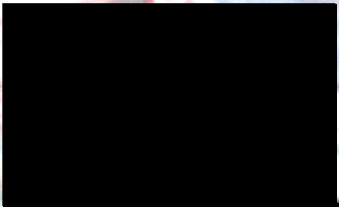
I acknowledge that I have been charged with the offense/infraction noted herein by the charging officer. I understand that I am presumed by law to be Not Guilty/Not Responsible until proven Guilty/Responsible beyond a reasonable doubt. Nevertheless, I do hereby waive my constitutional rights to a trial/hearing in open court, to confront the witness(es) against me, and to representation by an attorney. I hereby plead Guilty/Responsible to this offense/infraction and tender to the court the sums listed below as payment of the fine/penalty and costs in this case. I request that the court accept my waiver of trial/hearing, plea of Guilty/Responsible and tender of fine/penalty and costs, and that a verdict/finding of Guilty/Responsible be entered. This request is made with the full understanding that a verdict/finding of Guilty/Responsible will be entered against my record, that if this is a motor vehicle offense, the North Carolina Division of Motor Vehicles (or the licensing authority of any other State which issued my license to drive) will be notified of the verdict/finding, that it will have the same legal effect for all purposes as a verdict/finding of Guilty/Responsible after a trial/hearing, and that it may result in the assessment of points on my driving record or the suspension or revocation of my drivers license.

Note: The fine specified below is a standard amount set by the Chief District Court Judges of North Carolina pursuant to G.S. 20-148. The court costs specified below are set by the North Carolina General Assembly, apply to all cases disposed in district court, and are subject to change without notice.

Amount Of Fine/Penalty	Court Costs	Total	Date	Signature Of Defendant
\$ 50.00	\$ 130.00	\$ 180.00		







Air bag

