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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|------------------|
| <br>U.S. Department<br>of Transportation<br><br>National Highway<br>Traffic Safety<br>Administration                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | <b>DOT Auto Safety Hotline</b>                                                                                                                          |                                                          | FOR AGENCY USE ONLY 100148                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                | <b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |                                                          | Date Received<br><b>AUG - 4 2010</b><br>25-JUN-2010 |                  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                                                                                                                                         |                                                          | Repository <input type="checkbox"/>                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                                                                         |                                                          | Reference No.<br>10340003                           |                  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | Daytime Telephone Number                                                                                                                                |                                                          | E-mail Address                                      |                  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | Evening Telephone Number                                                                                                                                |                                                          |                                                     |                  |
| City<br>ALBUQUERQUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | State<br>NM                                                                                                                                             | Zip Code                                                 |                                                     |                  |
| 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).                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>1FAFP44463F                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | Make<br>FORD                                                                                                                                            | Model<br>MUSTANG                                         | Model Year<br>2003                                  |                  |
| Date Purchased<br>3/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dealer's Name and Telephone Number<br>RICH FORD                                                |                                                                                                                                                         | Engine:<br>No: Cylinders<br>6 CYL.                       | Fuel Type:<br>GAS                                   |                  |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dealer's City<br>ABQ.                                                                          | State<br>NM                                                                                                                                             | Zip Code                                                 |                                                     |                  |
| Transmission Type<br>AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control | Powertrain                                                                                                                                              | Multiple Failure:<br>ALWAYS WHEN<br>USING CRUISE CONTROL | Incident Date(s)<br>15-JUN-2008                     |                  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| Vehicle Component Code: 180000 VEHICLE SPEED CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                                                                                         | Failure Mileage<br>40000                                 | Failure Speed<br>65                                 |                  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | Tire Model (Name or Number)                                                                                                                             |                                                          | Tire Size (Example P215/65R15)                      |                  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                                    | Failure Location:                                        |                                                     |                  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                                                                                         | Tire Failure Type:                                       |                                                     |                  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | Date Manufactured:                                                                                                                                      |                                                          | Model No./Name:                                     |                  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | Installation System:                                                                                                                                    |                                                          |                                                     |                  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | Failed Part:                                                                                                                                            |                                                          |                                                     |                  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                             |                                                          | Number of Persons Injured                           | Number of Deaths |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                                                                         |                                                          | Reported to Police<br>N                             |                  |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;<br>i.e., parts repaired or replaced (and if old part is available).                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| TL* THE CONTACT OWNS A 2003 FORD MUSTANG. THE CONTACT STATED THAT THE CRUISE CONTROL INTERMITTENTLY WOULD NOT DEACTIVATE WHEN THE BRAKES WERE DEPRESSED WHEN DRIVING AT SPEEDS OF AT LEAST 65 MPH. THE CONTACT WOULD HAVE TO DOWNSHIFT IN ORDER TO GET THE STOP THE CRUISE CONTROL. THE DEALER STATED THERE WERE NO RECALLS FOR THE VEHICLE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS 40,000 AND THE CURRENT MILEAGE WAS 67,000.                                                                                                                       |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |
| 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. |                                                                                                |                                                                                                                                                         |                                                          |                                                     |                  |

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

WHEN USING "CRUISE CONTROL" VEHICLE SURGES & INCREASES  
SPEED WHEN BRAKES ARE APPLIED TO DISENGAGE  
THE CRUISE CONTROL. HAVE TO DOWNSHIFT TO SLOW  
DOWN THEN IT FINALLY DISENGAGES. VERY SCARY!!  
WE DON'T USE CRUISE CONTROL ANYMORE - WE  
DON'T WANT TO DIE!! (SHOULD I SELL IT TO MY  
MOTHER IN LAW?!?) JUST KIDDING.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9362

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

