

 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 MAY 24 2011 15-APR-2011	Repository ☐ Reference No. 10396048
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address [REDACTED]	
City BANDON	State OR	Zip Code [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 1FAHP60AX4Y [REDACTED]		Make FORD	Model Year 2004
Date Purchased 7-30-04	Dealer's Name and Telephone Number KENDALL FORD 541-342-2151		Engine: No. Cylinders 8
Original Owner ☒	Dealer's City EUGENE	State OR	Fuel Type: PREMIUM
Transmission Type AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain 3AL V8	Multiple Failure: Incident Date(s) 03-MAR-2011
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 142000 AIR BAGS: SIDE/WINDOW		Failure Mileage 20000	Failure Speed 30 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: DOTM19ABC036)	☐ 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 1	Number of Deaths 0
		Reported to Police N	
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 2004 FORD THUNDERBIRD. THE CONTACT STATED THE REAR SIDE AIR BAG ON THE DRIVER SIDE DEPLOYED ABNORMALLY WHILE THE CONTACT WAS DRIVING. THE VEHICLE WAS INSPECTED BY THE DEALER AND THE DOOR WAS REMOVED BUT THE DEALER COULD NOT PROVIDE A REASON FOR THE AIR BAG FAILURE. THE FAILURE AND CURRENT MILEAGE WAS 20,000.			
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.			