


INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 <p>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</p>				FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration			Date Received 23-JUL-2012 SEP 10 2012		Repository <input type="checkbox"/> Reference No. 10467042
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
SPOKANE		WA			
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			Make		Model
1FAFP90S96Y			FORD		GT
Date Purchased		Dealer's Name and Telephone Number			Model Year
					2006
Original Owner		Dealer's City		Engine:	
<input type="checkbox"/>				No: Cylinders	
Transmission Type		Powertrain		Fuel Type:	
<input type="checkbox"/> Antilock Brakes					
<input type="checkbox"/> Cruise Control				Incident Date(s)	
				04-JUL-2010	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 020000 SUSPENSION				Failure Mileage	
				1900	
				Failure Speed	
				65	
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)		<input type="checkbox"/> Original Equipment		Failure Location:	
		<input type="checkbox"/> Prior Repair			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		0	
				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 2006 FORD GT. THE CONTACT WAS TRAVELING 65 MPH MAKING A LEFT TURN WHEN THE CONTACT LOST CONTROL OF THE VEHICLE AFTER DRIVING OVER A SPEED BUMP. THE VEHICLE SPUN AROUND IN A CIRCLE AFTER THE FAILURE. THE CONTACT DID NOT EXPERIENCE A CRASH. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS CONFIRMED THAT THE DRIVERS SIDE REAR SHOCK ABSORBER NEEDED TO BE REPLACED. THE MANUFACTURER WAS CONTACTED. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 1,900 AND THE CURRENT MILEAGE WAS 2,400.					
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.					