 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 23-DEC-2014		Repository <input type="checkbox"/> Reference No. 10667871	
OWNER INFORMATION (Type or Print)							
Name		Address		Daytime Telephone Number		E-mail Address	
City		State		Zip Code		Evening Telephone Number	
WINGO		KY					
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	Model Year
1ZVFT84NX75				FORD		MUSTANG	2007
Date Purchased		Dealer's Name and Telephone Number			Engine: No: Cylinders		Fuel Type:
Original Owner		Dealer's City		State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain		Multiple Failure:		Incident Date(s)	
	<input type="checkbox"/> Cruise Control					12-NOV-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 140000 AIR BAGS						Failure Mileage	Failure Speed
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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured 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 2007 FORD MUSTANG. THE CONTACT STATED THAT THE RECALL PART FOR NHTSA CAMPAIGN NUMBER: 14V343000 (AIR BAGS) WAS NOT AVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE CONTACT MENTIONED THAT THE PART WAS ORDER WITH THE DEALER. THE MANUFACTURER WAS NOT MADE AWARE OF THE DELAY. THE CONTACT HAD NOT EXPERIENCED A FAILURE.							
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)

The replaced part was the inflator for the driver's air bag, not the air bags.

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**

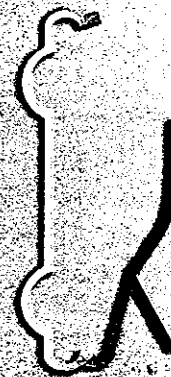
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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**



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 Owners Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration