

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) ONLY 100148



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

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

Date Received: 27-JAN-2016
APR 01 2016

Repository

Reference No. 10822532

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: FORT PIERCE State: FL Zip Code: [REDACTED]

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

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: 1ZVBP8AM1D5 [REDACTED] (ONE)
Make: FORD Model: MUSTANG Model Year: 2013

Date Purchased: 06-27-13 Dealer's Name and Telephone Number: SUNRISE FORD (772) 461-6000
Engine: No. Cylinders: 6 Fuel Type: GAS

Original Owner: Dealer's City: FT. PIERCE State: FL Zip Code: 3
Transmission Type: AUTO Antilock Brakes: Cruise Control: Powertrain: Multiple Failure: Incident Date(s): 01-MAY-2015

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): 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: 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 2013 FORD MUSTANG. THE CONTACT STATED THAT THE RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 15V319000 (AIR BAGS) WAS RECEIVED IN MAY OF 2015. AFTER CONTACTING THE DEALER ON MULTIPLE OCCASIONS, THE CONTACT WAS INFORMED THAT THE PARTS NEEDED TO REPAIR THE VEHICLE WERE STILL NOT AVAILABLE AND NO ESTIMATED TIME FOR RECEIVING THE PARTS COULD BE GIVEN. THE VIN WAS INVALID. THE CONTACT HAD NOT EXPERIENCED A FAILURE.

CORRECT VIN 1ZVBP8AM1D5 [REDACTED]

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.