

INFORMATION ACT (FOIA), 5 U.S.C. 552 (B)(6) FOR AGENCY USE 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 07-FEB-2017 APR 2017	Repository <input type="checkbox"/>
	Reference No. 10950111

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
FLAGLER BEACH	FL	[REDACTED]	

Daytime Telephone Number	F-mail Address
[REDACTED]	[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 1ZVHT84N265 [REDACTED]	Make FORD	Model MUSTANG	Model Year 2006
Date Purchased 8-31-2006	Dealer's Name and Telephone Number Mullinax Ford (386) 428-9094	Engine: No: Cylinders 6	Fuel Type: Reg
Original Owner <input checked="" type="checkbox"/>	Dealer's City New Smyrna Beach	State FL	Zip Code
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Automatic V-6	Multiple Failure: Passenger Air Bag N/A
			Incident Date(s) 01-JUN-2016

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage N/A	Failure Speed N/A
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
		N/A
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: N/A
Tire Component Code	Tire Failure Type:	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
		N/A
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 N/A	Number of Deaths 0	Reported to Police N
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**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\* TAKATA RECALL. THE CONTACT OWNS A 2006 FORD MUSTANG. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V384000 (AIR BAGS); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.

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)**

Already described under "Applicable Incident Information."  
We have waited almost a year for replacement of faulty  
passenger air bag. Because of the potential danger we don't  
dare put anyone in the passenger seat. Therefore, only  
one person can sit in the front. Very inconvenient

Please provide replacement air bag a.s.a.p.

Thank-You

ATTACH ADDITIONAL SHEETS IF NECESSARY

ORLANDO  
FL 328  
15 MAR '17  
RM 51



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

**BUSINESS REPLY MAIL**

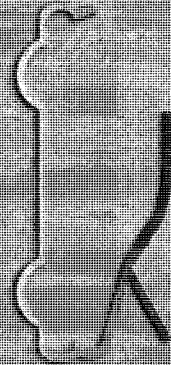
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
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](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236



Vehicle Owners' Questionnaire (VQ) is  
U.S. Department of Transportation  
National Highway Traffic Safety Administration