

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 03-MAR-2017 <b>MAY 16 2017</b>	
Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		Repository <input type="checkbox"/> Reference No. 10958400	
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
SUMMERVILLE	SC		
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
1ZVFT82H775		FORD	MUSTANG
Model Year		Engine: 8	Fuel Type:
2007		No: Cylinders	Premium
Date Purchased	Dealer's Name and Telephone Number		
10-07	Jonny's Auto		
Original Owner	Dealer's City	State	Zip Code
<input type="checkbox"/>	Summerville	SC	29483
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
5 Speed	<input checked="" type="checkbox"/> Cruise Control		No Air Bags
		Incident Date(s)	01-JUN-2016
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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input checked="" type="checkbox"/> Prior Repair	Dorchester County	
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	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	∅
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* TAKATA RECALL. THE CONTACT OWNS A 2007 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 to 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.			