


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

 <p align="center">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	
		Date Received 02-JUN-2017 06/24/2017	Repository <input type="checkbox"/> Reference No. 10992914
OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	State	Zip Code	Evening Telephone Number
EVANS	GA	[REDACTED]	[REDACTED]
<p><i>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).</i></p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1ZVHT85H875 [REDACTED]	Make FORD	Model MUSTANG	Model Year 2007
Date Purchased 2008	Dealer's Name and Telephone Number		Engine: No. Cylinders 8
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type Manual	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Fuel Type: Gas
Multiple Failure:		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: 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
Reported to Police N			
<p>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).</p>			
<p>TL* TAKATA RECALL. THE CONTACT OWNS A 2007 FORD MUSTANG. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V384000 (AIR BAGS) AND STATED THAT THE PART WAS NOT AVAILABLE WITHIN A REASONABLE TIME FRAME TO SCHEDULE THE RECALL REPAIR. THE DEALER (FAIRWAY FORD AUGUSTA, 4333 WASHINGTON RD, EVANS, GA 30809 (706) 854-9200) AND THE MANUFACTURER DID NOT GIVE A SPECIFIC DATE FOR WHEN THE PART WOULD BECOME AVAILABLE. THE MANUFACTURER COULD NOT PROVIDE AN ESTIMATED DATE FOR WHEN THE CONTACT'S VEHICLE WOULD RECEIVE THE RECALL REPAIR. THE CONTACT WAS NOT EXPERIENCING A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			