



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

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

Repository

17-JUL-2017

Reference No.

OCT 25 2017

11005941

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NOVATO State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

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: 1ZVHT85H875 [REDACTED]
Make FORD Model MUSTANG Model Year 2007
Date Purchased 3-2007 Dealer's Name and Telephone Number SAN RAFAEL FORD Engine: No: Cylinders 8 Fuel Type: GAS
Original Owner Dealer's City State CA Zip Code
Transmission Type AUTOMATIC Antilock Brakes Powertrain REAR WHEEL Cruise Control Multiple Failure: Incident Date(s) 22-JUL-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS TAKATA Failure Mileage N.A. Failure Speed N.A.
DRIVER & PASSENGER BAGS DEFECTIVE

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 Number of Deaths 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 A RECALL NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V384000 (AIR BAGS) AND HAD TAKEN THE VEHICLE TO MARIN COUNTY FORD DEALER, LOCATED ON 6995 REDWOOD BLVD, NOVATO, CA 94945, WHERE THE VEHICLE FRONT DRIVER SIDE AIR BAG WAS REPLACED BUT THE FRONT PASSENGER AIR BAG WAS REJECTED TO BE SERVICED DUE TO THE REMEDY PART NEEDED FOR THE REPAIR WAS NOT AVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND INFORMED THE CONTACT THAT THEY WERE WORKING ON THE REMEDY PART FOR THE REPAIR. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOLS CONFIRMS PART 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.