



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

FOR AGENCY USE ONLY 100148

Date Received  Repository

01-DEC-2017  
Feb 08 2018

Reference No.  
11051757  
6325

**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number		E-mail Address	
Address						
City	State	Zip Code	Evening Telephone Number			
SYKESVILLE	MD					

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 1ZVFT84N665		Make FORD	Model MUSTANG	Model Year 2006
Date Purchased 4-1-06	Dealer's Name and Telephone Number Appleford Inc. 410-290-2521		Engine: No: Cylinders	Fuel Type: regular gas
Original Owner Ivan [redacted]	Dealer's City Columbia, MD	State MD	Zip Code	
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain rear wheel drive	Multiple Failure:	Incident Date(s) 01-JUN-2016

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

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
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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)
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**

(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	Number of Deaths	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 STATED THAT THE RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 16V384000 (AIR BAGS) WAS RECEIVED IN JUNE OF 2016. AFTER CONTACTING THE DEALER (APPLE FORD IN COLUMBIA, MD) AND THE MANUFACTURER ON MULTIPLE OCCASIONS, THE CONTACT WAS INFORMED THAT THE PARTS NEEDED FOR THE RECALL REMEDY WERE STILL NOT AVAILABLE AND NO ESTIMATED TIME FOR RECEIVING THE PARTS COULD BE PROVIDED. 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.