



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  
16-NOV-2018  
**FEB 25 2019**

Repository   
Reference No.  
11151989

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City LAS VEGAS State NV 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: 1FA6P8AM6F53 [REDACTED]  
Make FORD Model MUSTANG Model Year 2015  
Date Purchased 5/31/2018 Dealer's Name and Telephone Number BMW OF LAS VEGAS Engine: No: Cylinders No Fuel Type: GASOLINE  
Original Owner  Dealer's City LAS VEGAS State NV Zip Code 89117  
Transmission Type  Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 01-NOV-2018  
 Cruise Control

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

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 32000 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)  Original Equipment Failure Location:  
 Prior Repair  
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\* THE CONTACT OWNS A 2015 FORD MUSTANG. WHILE OPERATING THE VEHICLE, THE CHECK ENGINE INDICATOR REMAINED ILLUMINATED. THE VEHICLE WAS TAKEN TO TEAM FORD LINCOLN (545 DREXLE RD, LAS VEGAS, NV) WHERE IT WAS DIAGNOSED THAT THE FUEL TANK WAS FAULTY DUE TO AN EVAPORATION LEAK AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT YET REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND THE CONTACT WAS INFORMED THAT THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER: 15V339000 (FUEL SYSTEM). THE FAILURE MILEAGE WAS 32,000.

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 Administration 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.