



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 252

Date Received

07-FEB-2002

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Reference No.

8003750

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAFP42X5WF105846		FORD	MUSTANG	1998	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
					☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 01-DEC-2001 Mileage at Failure(s) 75000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING ON HIGHWAY AND WITHOUT PRIOR WARNING TRANSMISSION SHUT DOWN. *AK

COPIES OF THIS FORM ARE:

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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252 Date Received <u>07-FEB-2002</u> Office Investigation Work Number Home Number	
OWNER INFORMATION (Type or Print) [Redacted]		DEFECTS 738014		Reference No. 8003750	
Do you authorize [Redacted] to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of [Redacted] provide your name and address to the vehicle manufacturer. Signature of Owner <u>[Signature]</u> Date <u>2/28/02</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (located at bulkhead of windshield on driver's side) 1FAFP42X5WF105846		Vehicle Make FORD	Vehicle Model MUSTANG	Vehicle Year 1998	Current Odometer Reading 75,000
Purchase Date 12-31-97 ☐ New ☒ Used	Dealer's Name <u>Mossey Ford</u> City <u>Pacific Beach</u> State <u>CA</u> Zip Code _____		Engine Size (CID/CC/L) <u>4.6L</u> No Cylinders <u>8</u>	☐ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☒ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 07300000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC manual		Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement	
No. of Failures	Date(s) of Failure(s) <u>01-DEC-2001</u> Mileage at Failure(s) <u>75000</u> Vehicle Speed at Failure(s) _____		Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No	
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☐ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE TRAVELING ON HIGHWAY AND WITHOUT PRIOR WARNING TRANSMISSION SHUT DOWN. *AK					

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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