Form Approved: O.M.B. No. 2127-0039

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 151

Date Received: 24-JAN-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 855389

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FORD	MUSTANG	1998	

Purchase Date	Dealer's Name	Engine Size	
☐ New ☒ Used	City_____ State_____ Zip Code_____	(CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restrairt System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12112200 12112300	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:DI INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:PA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AND WITHOUT HITTING A BUMP, BOTH DRIVER'S SIDE AND PASSENGER'S SIDE AIRBAGS DEPLOYED. DRIVER LOST CONTROL OF THE VEHICLE, AND HIT SEVERAL TREES. VEHICLE HAS NOT BEEN SEEN. *AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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FOR AGENCY USE ONLY 151

Date Received
00 FEB 16 AM 7:33
24-JAN-2000
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_dly
od_rt
up_ltr

Reference No.
855389

OWNER INFORMATION (Type or Print)

[redacted] 586153

Work Number

Home Numbe [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an au[redacted] the vehicle manufacturer.

Signature of Owner [redacted] Date 2 Feb 2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAFP45X0WF2[redacted]	FORD	MUSTANG	1998	35258

Purchase Date: 3-98
☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	95 ☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12112200 12112300	INTERIOR SYSTEMS:PASSIVE RESTRAINT;AIR BAG:SIDE DOOR:D INTERIOR SYSTEMS:PASSIVE RESTRAINT;AIR BAG:SIDE DOOR:P	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 12-20-
Mileage at Failure(s) 35258
Vehicle Speed at Failure(s) 60 - Speed control set

Failed Part(s) Available? ☑ Yes ☐ No

NHTSA Previously Contacted? ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		$20,000	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AND WITHOUT HITTING A BUMP, BOTH DRIVER'S SIDE AND PASSENGER'S SIDE AIRBAGS DEPLOYED. DRIVER LOST CONTROL OF THE VEHICLE, AND HIT SEVERAL TREES. VEHICLE HAS NOT BEEN SEEN. *AK

Air Bag Deployed, Knocking Driver out = Car continue
Apox a Football Field length resting upon Two Trees.
Driver, wake-up 4 ½ later in hospital Head Surgery.
left Front Right leg Broken 4 Places =

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

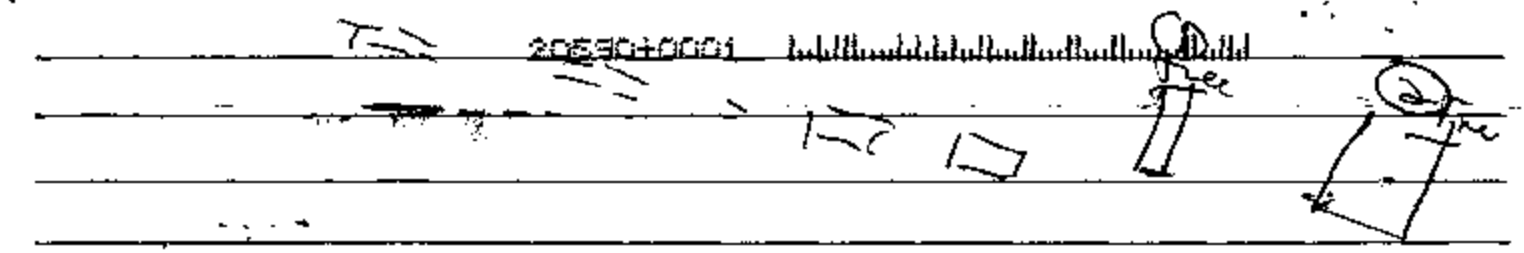
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*														MANUFACTURER/TIRE NAME	SIZE
D	O	T													

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED):

The under line cause of endant was
the Air bags Deployed.
The road way Map



US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590