



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 436

Date Received

04-SEP-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

895678

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.)<br><small>(Location at bottom of<br/>and/or above driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| NOT AVAILABLE  | FORD         | MUSTANG       | 2000         |                          |

|   |                                       |                                 |  |
|---|---------------------------------------|---------------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____             |  |

|  |  |  |  |  |  |   |
|--|--|--|--|--|--|---|
| Transmission Type  | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train  | Vehicle Type   | Body Style  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

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

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>12411000 | Part Name(s)<br>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failure        | Date(s) of Failure(s) 22-AUG-2001<br>11000<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|----------------------|--------------------------|---|

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

VEHICLE WAS HIT ON DRIVER'S SIDE, AND DOOR PINNED CONSUMER INSIDE. UPON IMPACT, AIRBAGS DIDN'T DEPLOY, MANUFACTURER AND DEALER WILL BE CONTACTED.\*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.



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 436**

Date Received: 04-SEP-2001  
OFFICE OF DEFECTS INVESTIGATION

Od or rt: \_\_\_\_\_  
od rt: \_\_\_\_\_  
up\_tr: \_\_\_\_\_

Reference No.: 895678

Work Num: \_\_\_\_\_  
Home Num: \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

712812

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an address to the vehicle manufacturer, \_\_\_\_\_  
Signature of Owner: \_\_\_\_\_ Date: 10/11/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): NOT AVAILABLE  
Vehicle Year: 2000  
Vehicle Make: FORD  
Vehicle Model: MUSTANG  
Current Odometer Reading: 11,248

Purchase Date: Nov. 2000  
Dealer's Name: Hagerstown Ford  
City: Hagerstown State: MD Zip Code: 21740  
Engine Size (CID/CC/L): 6 cyl  
No. Cylinders: \_\_\_\_\_  
 Turbo Diesel Gas  
 Fuel Injection

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

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

Component: 12111000  
Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT  
Location:  Left  Right  Front  Rear  
Failed Part(s):  Original Replacement

No. of Failures: \_\_\_\_\_  
Date(s) of Failure(s): 22-AUG-2001  
Mileage at Failure(s): 11000  
Vehicle Speed at Failure(s): 35 mph  
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: 1  
Number of Fatalities: 0  
Estimated Property Damage: \$ 5,000 to vehicle  
Reported to Police:  Yes  No

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

VEHICLE WAS HIT ON DRIVER'S SIDE, AND DOOR PINNED <sup>+ could not open.</sup> CONSUMED INSIDE. UPON IMPACT, AIRBAGS DIDN'T DEPLOY, MANUFACTURER AND DEALER WILL BE CONTACTED.\*AK  
Speed was 35 mph & could not drive car from scene. \$5,000 in damage to vehicle & driver missed 3 1/2 hrs. from work. Stopped up. Manufacturer where car was repaired (Hagerstown Ford) said sensor didn't go off crash wasn't heard.

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