



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 1368

Date Received

Repository

2003 MAR 27 11:10 AM '03

Reference No.
10008732

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City

ALPHARETTA

State GA

Zip Code

Do you authorize NHTSA to contact a representative of the manufacturer of your vehicle? YES NO

In the absence of a signature, please print your name or address to the vehicle manufacturer.

Signature of Owner

Date 3/12/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

Model

Model Year

2MELM04W8VX647892

MERCURY

MARQUIS

1997

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

Stuart Lincoln Mercury

No. Cylinders 8

Gasoline

Original Owner

Dealer's City

State

Zip Code

Stuart

FL

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

Auto

Cruise Control

021530 SUSPENSION:FRONT:CONTROL ARM:LOWER ARM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
14-FEB-2003

Failure Mileage
31,000

Failure Speed
55

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: D07M1A9ABC036)

Original Equipment
 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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

N

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).

THE LOWER CONTROL ARM BROKE WHILE DRIVING. *JB

weld to frame

Poor weld or metal fatigue

Ford not recognizing problem offering little help.

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 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.