



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1375

Date Received: 2003 APR 02 AM 8:57  
Repository:

Reference No.: 10011449

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: CHEYENNE State: WY Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

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

Signature of Owner: \_\_\_\_\_ Date: 1/1

**VEHICLE INFORMATION**

Make: MERCURY	Model: GRAND MARQUIS	Model Year: 1987
Date Purchased: 1998	Dealer's Name and Telephone Number: LIPON'S AUTO SALES	Engine: No. Cylinders: 8
Original Owner: <input type="checkbox"/>	Dealer's City: CHEYENNE State: WY Zip Code: 82001	Fuel Type: REG UN-LEADED
Transmission Type: AUTO	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain: _____
Vehicle Component Code: 151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY		Multiple Failure: 1

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

Incident Date(s): 12-MAR-2003	Failure Mileage: 131,200	Failure Speed: ?	Driver Side SEAT BELT LATCHING MECHANISM
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**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): _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: _____	Number of Deaths: _____	Reported to Police: N
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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 SEAT BELT BUCKLE WAS DEFECTIVE AND DID NOT WORK PROPERLY. \*AK \*JB

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.