



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 100147

Date Received **2003 MAR 31 11:23**
Repository
Reference No. **73**
10014805

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City **UNION CITY** State **GA** Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number **SAME**
E-mail Address _____

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

VIN 1MEPM36X0RK636751		Make MERCURY	Model TOPAZ	Model Year 1994
Date Purchased _____	Dealer's Name and Telephone Number DON JACKSON		Engine: No. Cylinders 4	Fuel Type: unleaded
Original Owner <input type="checkbox"/>	Dealer's City Union City	State GA	Zip Code 30291	
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 10000 POWER TRAIN	
			Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAR-2003	Failure Mode 56; 052	Failure Speed	1: B1P2-7F396-A GASKET MAT# C 1: F 23Z-7A1008 CONTROL ASY-T TAHOE cleaner flush	TRANSMISSION power flush
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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 TRANSMISSION LOCKED UP, WHICH CAUSED THE TIRES TO LOCK UP. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1976 (Public Law 94-579) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

C/S GAS PEDAL HARD VEHICLE WILL NOT ACCELERATE

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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 VS-216 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline (DASH) 2 DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
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).**