



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 335

Date Received  
2003 APR 25  
31-MAR-2003

Repository   
Reference No.  
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**OWNER INFORMATION (Type or Print)**

Name

Address

City Pompano Beach State FL Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 4/17/03

**VEHICLE INFORMATION**

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

4M2DV11W050377908

Make  
MERCURY

Model  
VILLAGER

Model Year  
1995

Date Purchased  
NOV 1997

Dealer's Name and Telephone Number  
Holman Lincoln Mercury 782-8110

Engine:  
No. Cylinders  
6

Fuel Type:  
Gas

Original Owner

Dealer's City  
Pompano Beach

State  
FL

Zip Code

Transmission Type  
Automatic

Antilock Brakes  
 Cruise Control

Powertrain

Vehicle Component Code

062000 ENGINE AND ENGINE COOLING:COOLING SYSTEM

Multiple Failure: 1

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

Incident Date(s)  
March 27 2003

Failure Mileage  
64289

Failure Speed  
10 mph  
1h.

Water Pump

**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)

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

None

None

None

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 WATER PUMP FAILED. \*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 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.