



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 JUN 26 AM 08:52

Repository

Reference No.
10018049

OWNER INFORMATION (Type or Print)

Name

Address

City

NAZARETH

State PA

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 authorized signature or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/11/03

VEHICLE INFORMATION

17 Digit Vehicle Identification Number (VIN) (Do not include check digit or other marks)

FILL IN

2MEFM75WX4X7A5998

Make

MERCURY

Model

GRAND MARQUIS

Model Year

2000

Date Purchased

8/19/00

Dealer's Name and Telephone Number

HALDEMAN - GM, Inc. 610 791 4900

Engine: V8
No. Cylinders

8

Fuel Type:

87

Original Owner

Dealer's City

ALLENTOWN, PA

State

PA

Zip Code

18103

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

010000 STEERING

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-APR-2003

Failure Mileage

21010

Failure Speed

0-MPH

BELT TENSIONER BROKE - STOPPED

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE DRIVING THE VEHICLES STEERING WHEEL BECAME DIFFICULT TO TURN. IT WAS LATER DETERMINED THAT THE STEERING BELT CAME OFF THE VEHICLE. *NLM

- The TENSIONER came off. Towed to dealer, TENSIONER Replaced.

STEERING BECAME DIFFICULT. COULD HAVE BEEN A PROBLEM AT HIGH SPEED

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.

**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).**