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 ☐
13-MAY-2003 JUN 27 AM 9:07	Reference No. 10019725

OWNER INFORMATION (Type or Print)

Name			
Address [redacted]		Daytime Telephone Number [redacted]	E-mail Address
City CHESTERFIELD	State MO	Zip Code [redacted]	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 release your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/10/03

VEHICLE INFORMATION

[redacted]	Make MERCURY	Model VILLAGER	Model Year 1999

Date Purchased 14 JULY 1999	Dealer's Name and Telephone Number DONE SINCLAIR 636-256-0202			Engine: 5.0 Liter No. Cylinders V6	Fuel Type: REG
Original Owner ☒	Dealer's City ELLISVILLE, MO	State MO	Zip Code 63011		

Transmission Type AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Vehicle Component Code 180000 VEHICLE SPEED CONTROL
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-MAY-2003	Failure Mileage	Failure Speed	

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: DOTMALSIABC036)	☐ 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 AND WITHOUT WARNING THE VEHICLE ACCELERATOR PEDAL STUCK AND IT BECAME HARD FOR THE CONSUMER TO CONTROL THE VEHICLE. *NLM

AFTER DRIVING THE VEHICLE FOR OVER ONE HOUR AND THEN STOPPING FOR GAS OR REST STOPS, UPON RESTARTING THE GAS PEDAL STICKS AND WHEN EXTRA STRENGHT IS APPLIED THE VEHICLE LEAPS FORWARD WHEN PEDAL MOVES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY