



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 1375

Date Received: 2003-09-20  
Repository:   
Reference No.: 10019922

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: DELRAY BEACH State: FL 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 a signature, your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 1/1

VEHICLE INFORMATION

Make: MERCURY Model: SABLE Model Year: 2003  
Date Purchased: 11/7/03 Dealer's Name and Telephone Number: COURTESY [Redacted] MERCURY  
Original Owner:  Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted] Engine: No. Cylinders: 6 Fuel Type: GAS  
Transmission Type: AUTO Antilock Brakes:  Cruise Control:  Powertrain: [Redacted]  
Vehicle Component Code: 031000 SERVICE BRAKES, HYDRAULIC: PEDALS AND LINKAGES  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: [Redacted] Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/85R15): [Redacted]  
DOT No. (Example: DOTM19ABC036): [Redacted] Original Equipment Prior Repair:  Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] 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).

THE VEHICLES ACCELERATOR AND BRAKE PEDALS WERE TOO CLOSE TOGETHER AND CAUSED THE CONSUMER TO INADVERTENTLY DEPRESS THE GAS PEDAL WHEN MEANING TO DEPRESS BRAKE PEDAL AND VICE-VERSA. \*NLM

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.