



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 1367

Date Received

Repository

Reference No.  
10022000

PN 02-17  
2003 JUL 10

## OWNER INFORMATION (Type or Print)

Name

Address

City

CONNERSVILLE

State IN

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?  
In the absence of an authorized representative, you must provide your name or address to the vehicle manufacturer.

YES

NO

Signature of Owner

Date 1/1

## VEHICLE INFORMATION

Make  
MERCURY

Model  
SABLE

Model Year  
2003

Date Purchased

10-02

Dealer's Name and Telephone Number

ADVANTAGE CAR L-M 765 225 0394

Engine:

No. Cylinders

8

Fuel Type:

UNLEADED

Original Owner

Dealer's City

CONNERSVILLE

State IN

Zip Code 47331

Transmission Type

AUTO

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

176100 LATCHES/LOCKS/LINKAGES:HOOD:LATCH

Multiple Failure: Y 2

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

Incident Date(s)

1-02  
2-03

Failure Mileage

3000  
3200

Failure Speed

60-65

## 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 K&B part is available).

WHILE DRIVING AT 65 MPH HOOD RELEASED WITHOUT CAUSE DUE TO LATCH FAILURE. LATCH WAS REPLACED. \*AK

65005

By L.M. DEALER  
IN MELBOURNE, FL

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 Administration. 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.