



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: 2003 AUG 14 12:00 PM  
Repository:   
Reference No.: 10026483

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: ISLIP State: NY Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 7/16/03

**VEHICLE INFORMATION**

Make: MERCURY Model: GRAND MARQUIS Model Year: 2000  
Date Purchased: 7-5-00 Dealer's Name and Telephone Number: 831 669 2600  
Original Owner: [Redacted] Dealer's City: West Babylon State: NY Zip Code: 11704  
Engine: No. Cylinders: 8 Fuel Type: GAS  
Transmission Type:  Antilock Brakes  Powertrain  
 Cruise Control  
Vehicle Component Code: 121000 EXTERIOR LIGHTING: HEADLIGHTS  
Multiple Failure: 1

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

Incident Date(s): 7-1-03 Failure Mileage: 15000 Failure Speed: all  
See attached - NY State Dept of M.V. Safety report PS-35

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: D0THAL9ABC036): [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).

HEADLIGHTS WILL ILLUMINATE FIRST, AND THEN BECOME DIMMER WHILE DRIVING. \*AK

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.



**COMPLAINT REPORT**



FOR OFFICE USE ONLY

Facility Number	
C.O. Case Number	
CSR	
Region	County
R.O. Case Number	

**INSTRUCTION:** (Before filing your complaint, please attempt to settle this matter with the facility.)  
Check the appropriate box to show the type of complaint involved.

- Vehicle repair     Vehicle inspection     Vehicle purchase

We can only accept complaints about repairs up to 90 days or 3,000 miles (whichever comes first) after the date repairs were completed. The only exception is a written warranty that may exceed these time and/or mileage limits. **DOT Reference Number** 10026483 <sup>7</sup>/<sub>2</sub> <sup>03</sup>

PLEASE PRINT OR TYPE ALL ENTRIES AND USE BLACK INK

Your Name	Name of Facility
Address - Number and Street	Address - Number and Street
City State Zip Code	City State Zip Code
Telephone Number (Home) Work ( )	Telephone Number (Include area code)
Vehicle Identification Number	Identification Number of Facility
Vehicle Year, Make, Model	Name of Person with whom you dealt at facility
Date of repair/inspection/purchase	Today's Date
Odometer reading at time of repair/inspection/purchase	Current odometer reading at time of filing the complaint

ANSWER QUESTIONS BELOW AND/OR ON PAGE 2 OF THIS FORM THAT APPLY TO YOUR COMPLAINT

**A. Repair Complaint**

- Describe the specific reason you brought the vehicle to the repair shop: Malfunction of the electrical system caused headlights, and all lights to flicker bright + dim, A/C to run fast + slow
- Did you ask for a written estimate of the parts and labor necessary to do the repair?  Yes  No If Yes, attach a copy of the estimate.
- What was the actual cost of repair? \$ Warranty 7.5.00 - 7.5.03 (Attach invoice)
- Before the repair was performed, did you ask that any replaced part be returned to you?  Yes  No  
If Yes, do you have the replaced parts?  Yes  No
- Did you authorize any additional repairs?  Yes  No Specify \_\_\_\_\_
- Were you charged for work not performed?  Yes  No Explain \_\_\_\_\_
- Was any unnecessary or unauthorized work performed?  Yes  No Specify To correct noise in gear box, grease was packed on pins, under wheel covers, as per Svc. Director - Ford Motor Co. Approved

8. Did you go to another facility to have the problem corrected?  Yes\*  No  
\* If Yes, attach invoice and give us the following information about the facility:

Name \_\_\_\_\_ Facility ID No. \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

**B. Inspection Complaint**

- Did the inspection station refuse to inspect your vehicle?  Yes  No
- Did the inspection station refuse to give you an appointment date in writing?  Yes  No
- Were you told or led to believe that repairs necessary to pass inspection had to be made at the same station?  Yes  No
- How much were you charged for the inspection \$ \_\_\_\_\_
- Inspection Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**C. Vehicle Purchase Complaint**

Attach a copy of your Bill of Sale and/or Certificate of Sale.

1. Were any vehicle components in need of repair or adjustment?  Yes  No If Yes, which components? \_\_\_\_\_
2. Have you gone back to the dealer for repairs or adjustments?  Yes  No If No, would you go back if the dealer offered to make repairs or adjustments?  Yes  No
3. Was a Temporary Certificate of Registration issued?  Yes  No If yes, what is the facility number written on the temporary registration? \_\_\_\_\_
4. Inspection Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

NOTE: If a repair or diagnosis of the vehicle was made, complete Section A on the front of this form.

D. If there is additional information that will help us to evaluate your complaint, please include this information below.

Vehicle has not been used since 7.1.03 10 AM  
Vehicle would not start on 7.1.03 9 PM  
Battery in undercharge condition

Grease on brake pads, on rubber  
tires, and malfunction of the electrical  
system are all hazardous

also called Lincoln Mercury 1800 392 3673  
7.1.03 11 AM + 7.2.03 ++ explained  
hazardous conditions

E. What do you want done to resolve this complaint to your satisfaction?

Are you willing to appear and testify at a hearing if one is held to resolve this complaint?  Yes  No

Be sure to attach COPIES of any supporting correspondence and/or documents such as receipts, invoices, written estimates, written guarantees or warranties, cancelled checks or credit card transaction forms.

Sign below and mail this complaint form with all necessary attachments to: BUREAU OF CONSUMER & FACILITY SERVICES, PO BOX 2700-ESP, ALBANY NY 12220-0700.

I understand that a copy of this form and any or all of the enclosed information may be sent to the facility shown on the front of this form. All information provided in this complaint is true and factual.

\_\_\_\_\_  
(Signature)

7.16.03  
(Date)