



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 100079

Date Received

2003 AUG 22 AM 9:12
09-JUL-2003

Repository

Reference No.
10026857

OWNER INFORMATION (Type or Print)

Name

Address

City

GRAFTON

State NY

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 7/25/2003 YES NO

VEHICLE INFORMATION

Make
MERCURY

Model
GRAND MARQUIS

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine: 4.6L SOHC
No. of Cylinders 8

Fuel Type:
GAS

Original Owner

Dealer's City

State

Zip Code

Transmission Type
4R70W
4SPD AUTO

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-JUL-2003
03-JUL-03

Failure Mileage
47,764

Failure Speed
65MPH

LOST STEERING - NO BLOW OUT ON ANY TIRES - DID REQUIRE RIGHT UPPER BALL JOINT

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: DOTM18ABC036)

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

NONE

Number of Deaths

NONE

Reported to Police

YES

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).

CONSUMER'S WIFE WHILE DRIVING STEERING WHEEL LOST CONTROL, HIT THE RAILS ON BOTH SIDE, VEHICLE WAS HEADING TO THE SOUTH AND DIDN'T KNOW HOW WAS VEHICLE FACING NORTH. DEALER NOTIFIED. *AK
AT APPROX 1:30 PM ON 7/3/2003, WHILE DRIVING SOUTH ON I 81 NEAR THE TOWN OF WOODSTOCK VA. MY WIFE CLAIMED TO HAVE LOST STEERING AND WAS GOING INTO THE DITCH ON OUR LEFT (DRIVERS) SIDE. I YANKED THE STEERING WHEEL TO THE RIGHT WHICH CAUSED US TO GO ACROSS BOTH LANES. I TRIED TO STRAIGHTEN US OUT AND THIS CAUSED US TO SLAM BROADSIDE INTO THE BEAM SEPARATING THE NORTH & SOUTH LANES. THE CAR BOUNDED OFF THE BEAM AND AGAIN CROSSED BOTH LANES, DID A FIGURE 8 AND SLAMMED INTO OVER

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

THE SAME BEGAN ABOUT THIRTY (30) FEET FURTHER SOUTH AT WHICH TIME THE VEHICLE STOPPED. NO ONE WAS HURT EXCEPT FOR A MINOR BRUISE. WE WERE WEARING SEAT BELTS - THE AIR BAGS DID NOT ACTIVATE SINCE WE NEVER HIT THE FRONT OF THE VEHICLE - THE WEATHER WAS CLEAR AND THE ROAD WAS DRY, ALL TIRES WERE OK

THERE WAS \$3556.90 WORTH OF DAMAGE (SEE ATTACHED SHEETS) AND ONE ITEM WAS FOR THE UPPER RIGHT BALL JOINT TO BE REPLACED. THE BODY SHOP CLAIMS THIS WAS CAUSED BY THE ACCIDENT AND DID NOT CAUSE THE ACCIDENT. I GOT THIS "OLD" BALL JOINT, HAS NO GREASE

AT THE TIME MY WIFE SAID SHE LOST THE STEERING, I WAS WORKING THE ELECTRONIC PASSENGER SEAT CONTROLS - ANY CONNECTION?? A TROOPER MADE A REPORT AND IT IS ATTACHED



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-216 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.gov/govtline

I LOVE



CERTIFICATION OF AUTOMOBILE REPAIR

(TO BE COMPLETED BY INSURER)

Amica Mutual Insurance Company

INSURED

CLAIM #

POLICY #

DATE OF ACCIDENT

DEDUCTIBLE \$

[Redacted]

L990306933D

931631-2846

7/3/03

500.00

Sections 9411(f) of the NEW YORK INSURANCE LAW (NYIL) and Article 12-A of the Vehicle and Traffic Law (VT&L) require that the following certification be completed and signed by both the insured and the automobile repairer. These laws also require submission of the repair invoice (Paid Bill) by the automobile repairer or the insured to the insurer whenever any repairs are made. The NYIL does not require an insured to repair the automobile as a condition of payment of a loss. This form must be completed and returned to the insurer within 45 days. A postage-paid return envelope has been furnished for your convenience.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

PART I

TO BE COMPLETED BY THE INSURED:

I, [Redacted], certify, under penalties of perjury, that:
PRINT YOUR NAME

CHECK A OR B

- A. I have not made any repairs to my automobile as a result of this loss.
- B. I have made repairs to my automobile and I have attached a copy of my invoice for repairs to my automobile as a result of the captioned loss.

IMPORTANT NOTICE TO INSURED

IF THIS CERTIFICATION IS NOT COMPLETED AND RETURNED TOGETHER WITH A COPY OF THE ITEMIZED PAID BILL IT WILL BE ASSUMED THAT YOU DID NOT REPAIR YOUR MOTOR VEHICLE. IF YOU HAVE A SUBSEQUENT LOSS, THE COMPANY MUST, TO THE EXTENT RELEVANT, DEDUCT SUCH UNREPAIRED ITEMS AS PREVIOUS DAMAGE IN SETTLING A FUTURE LOSS. IF YOU DO NOT REPAIR ALL THE DAMAGES ALLOWED BY THE INSURER, SUCH REPAIRS NOT PERFORMED MAY REDUCE YOUR SETTLEMENT OF ANY FUTURE LOSS. THEREFORE, IF AFTER SIGNING THIS CERTIFICATION, YOU REPAIR ANY DAMAGE CAUSED BY THIS ACCIDENT YOU SHOULD NOTIFY THE COMPANY IMMEDIATELY. THE COMPANY MAY AT THAT TIME ELECT TO INSPECT YOUR AUTOMOBILE.

DATE

7/25/2003

SIGNATURE OF INSURED

[Redacted Signature]

PART II

TO BE COMPLETED BY THE AUTOMOBILE REPAIRER:

[Redacted], owner or officer of Muller's Auto
PRINT YOUR NAME PRINT NAME OF AUTO REPAIR SHOP

Auto Repair Shop Registration Number 1754, located at

[Redacted] certify, under penalties of perjury, that I have made the repairs to the automobile owned by [Redacted]
PRINT NAME OF INSURED

as shown on the attached itemized invoice. I further certify that:

CHECK A OR B

- A. I have repaired all the items allowed by the insurer, or, if not,
- B. I have repaired the automobile as described on the attached itemized invoice.

DATE

7/25/03

SIGNATURE OF REPAIRER (Owner or Officer)

[Redacted Signature]

TO VIRGINIA STATE POLICE
15148 STATE POLICE RD.
CULPEPER VA 22701

FROM

GRAFTON, N.Y.

VEHICLE ACCIDENT TPR. D.W. PRUETT
SUBJECT SHENANDOAH CO. 7-3-03 1130AM

Message

ENCLOSED PLEASE FIND OUR CHECK #1494 IN THE AMOUNT OF \$6.00 FOR THE ABOVE CAPTIONED POLICE REPORT. PLEASE SEND TO US IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE. WE REQUIRE THE REPORT FOR THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION.

THANK YOU,

ENCL. SA# DATE 7-22-03

SIGNED

Reply



DATE

SIGNED

RETURN THIS COPY TO SENDER

PLEASE NOTE: THE ACCIDENT DIAGRAM ONLY SHOWS HOW THE CAR ENDED UP, AS THE TROOPER SAW IT. WE HIT THE SAME EMBANKMENT TWICE AND CROSSED THE LANES 3 TIMES.



MUHLENBERG FORD & MERCURY
 SOUTH MAIN STREET
 WOODSTOCK, VA. 22664

Phone Number: (540) 459-2154
 Fax Number: (540) 459-2157

Customer:	[REDACTED]	Date:	7/22/03
Company:	[REDACTED]	VIN	2mebr75w4ys79903
License NO:	[REDACTED]	Technician:	SMITH
Odometer:	47765	Order NO:	43277

VEHICLE ALIGNMENT REPORT
 MERCURY, 2000, GRAND MARQUIS

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	6.16°	4.75°	6.25°	5.26°
		Right	6.05°	4.75°	6.25°	5.70°
	Camber	Left	-1.28°	-1.25°	0.25°	-0.38°
		Right	-1.08°	-1.25°	0.25°	-0.44°
	Toe	Left	0.26°	-0.19°	0.06°	-0.05°
		Right	-0.33°	-0.19°	0.06°	-0.08°
Total		-0.07°	-0.38°	0.12°	-0.13°	
Rear	Camber	Left	-0.38°	---	---	-0.38°
		Right	-0.46°	---	---	-0.46°
	Toe	Left	0.09°	---	---	0.08°
		Right	0.03°	---	---	0.03°
		Total	0.12°	---	---	0.11°
Thrust Angle		0.03°	---	---	0.02°	

Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI	Left		12.87°	---	---	12.87°
	Right		13.57°	---	---	13.57°
Included Angle	Left		11.58°	---	---	12.49°
	Right		12.49°	---	---	13.13°
Toe Out On Turns	Left		---	---	---	---
	Right		---	---	---	---
Maximum Turns	Left		---	---	---	---
	Right		---	---	---	---
Toe Curve Change	Left		---	---	---	---
	Right		---	---	---	---
Setback	Front		0.10°	---	---	0.17°
	Rear		0.04°	---	---	0.07°
Track Width Diff			-2.11"			-2.11"
Wheel Base Diff			0.06°			0.10°

**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).**