



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 100161

Date Received: 2003 AUG 15
15-JUL-2003
Repository
Reference No. 10027275

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: POLAND State: OH 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 [Redacted] name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 7/28/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4M2DV11W6SDJ96223
Make: MERCURY Model: VILLAGER Model Year: 1995
Date Purchased: 96 Dealer's Name and Telephone Number: STADIUM LINCOLN-MERCURY 330-758-7200
Original Owner: Dealer's City: BOBADMAN State: OH Zip Code: [Redacted]
Transmission Type: [Redacted] Antilock Brakes: Powertrain: [Redacted] Cruise Control:
Vehicle Component Code: 151000 SEAT BELTS: FRONT
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 13-JUL-2003
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 P215/65R15): [Redacted]
DOT No. (Example: DOTM15ABC036): [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 AUTOMATIC SEAT BELTS STOPPED WORKING ON THE DRIVER SIDE AND PASSENGER SIDE. VEHICLE WILL BE TAKEN TO THE DEALER ON 7/16/2003.*AK
DEALER CHECKED ALL FUSES AND SWITCHES, RELAYS - CHECKED OUT OK. POSSIBLY SEAT BELT MODULE BAD BUT DEALER COULD NOT QUOTE PRICE FOR PART IN STOCK, WELL OVER \$800. I NEEDED THE VEHICLE LEFT ON 7-19 RETURNED BACK 7-27-03, TWO DAYS INTO MY TRIP SEAT BELTS JUST STARTED WORKING AGAIN! I WONDER WHAT WOULD HAPPEN IF AN ACCIDENT OCCURED? VERY NERVOUS!

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 responses 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.