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 ☐
04-AUG-2003 2003 OCT 1 2 PM 2:05	Reference # 10031962

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City HOUSTON	State TX	Zip Code [redacted]	Evening Telephone Number SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of [redacted] *or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 9 AUG 03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
~~4M2ZU66P0YUJ47366~~ 4M2ZU66P5YUJ47366	MERCURY	MOUNTAINEER	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01/09/03	CARMAX 281-481-9299			No. Cylinders 8	REGULAR
Original Owner ☐	Dealer's City HOUSTON	State TX	Zip Code 77089		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Antilock Brakes ☒ Cruise Control		181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01/03	24000	VARIED	ACCELERATOR STICKS.

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: DOTMALSABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

THROTTLE BODY WAS COVERED WITH CARBON THAT CAUSED THE ACCELERATOR TO STICK WHILE DRIVING. *AK THIS CONDITION CAUSED THE CAR TO SURGE FORWARD OR BACKWARD WHEN ADDITIONAL PRESSURE WAS APPLIED TO THE ACCELERATOR TO GET IT TO RELEASE FROM THE "STUCK" POSITION. CLEANING OF THE THROTTLE BODY APPEARS TO HAVE REMEDIED THE CONDITION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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).