



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) 2003 SEP -4  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received

Repository

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Reference No.  
10032365

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: BALLWIN State: MO Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, NHTSA will NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 8/25/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4M2DV11WBTDJ36783  
Make: MERCURY Model: VILLAGER Model Year: 1996  
Date Purchased: 06.08.98 Dealer's Name and Telephone Number: KANDY BLOUNT LINCOLN MERCURY  
Engine: No. Cylinders: 6 Fuel Type: UNLEADED  
Original Owner:  Dealer's City: ST. LOUIS State: MO Zip Code: 63114  
Transmission Type: AUTOMATIC  
 Antilock Brakes Powertrain: [REDACTED]  
 Cruise Control  
Vehicle Component Code: 063200 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; MANIFOLD  
Multiple Failures: 1

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

Incident Date(s): 08.03 Failure Mileage: 71,000 Failure Speed: N/A

**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: DOTMALSABC036): [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).

EXHAUST FUMES ENTERED THE PASSENGER CABIN. THE PROBLEM IS WITH THE FRONT AND REAR EXHAUST MANIFOLD. PLEASE PROVIDE DETAILS. \*PH

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 a letterhead request issued 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.