



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

2003 SEP 12 AM 8:52
08-AUG-2003

FOR AGENCY USE ONLY 100079

Date Received
Repository
Reference No.
10032481

OWNER INFORMATION (Type or Print)

Name
Address
City FORESTDALE State MA 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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2MEFM76W31XJ09043
Make FORD Model GRAND MARQUIS Model Year 2001
Date Purchased 9/19/01 Dealer's Name and Telephone Number Clarke White, (617) 254-7400
Original Owner Dealer's City 777 Washington St State MA Zip Code
Transmission Type Antilock Brakes Powertrain *manuten* Vehicle Component Code 160000 STRUCTURE
 Cruise Control Multiple Failure: 1
Engine: No. Cylinders 8 Fuel Type: gas

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-AUG-2003 Failure Mileage Failure Speed 45

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: D0PMAL9ABC036) Original Equipment After 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 Number of Deaths 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 (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING, THE CONSUMER HEARD NOISE AS IF THE WINDOWS WERE OPEN. THE DEALER WAS UNABLE TO DUPLICATE THE CONSUMER'S CONCERN. *JB

The car has a very clear wind/road noise that can be heard at around 40 m.p.h. This noise (squeal) varies depending on the road conditions. The car has been back to Clarke White - Colonial Ford a total of 10 times without success.

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.