



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 2004 APR 20 13-AUG-2003
Repository ☐
Reference No. 10033777

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City FAWN GROVE State PA Zip Code [REDACTED]
Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [REDACTED]

Do you authorize NHTSA to use your vehicle? ☐ YES ☒ NO
In the absence of an authorized signature, please print the name of the vehicle manufacturer.
Signature of Owner: [REDACTED] Date 3/10/11/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side 12WFT614625621786
Make MERCURY Model COUGAR Model Year 2002
Date Purchased 1/18/03 Dealer's Name and Telephone Number Wright Brothers 717-741-3876
Original Owner [REDACTED] Dealer's City York State PA Zip Code 17402
Transmission Type [REDACTED] ☒ Antilock Brakes Powertrain [REDACTED]
☐ Cruise Control Vehicle Component Code 072100 FUEL SYSTEM, GASOLINE-DELIVERY:FUEL PUMP
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-JUL-2003 Failure Mileage 17,186 Failure Speed 75 mph

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: DOTM15ABC030) ☐ 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 [REDACTED]

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).

FUEL PUMP WAS REPLACED TWICE BECAUSE FUEL GAUGE WAS NOT READING CORRECTLY. AFTER THE SECOND REPLACEMENT, WHILE DRIVING 70 MPH, VEHICLE SHUT DOWN AND WOULDN'T RESTART. VEHICLE WAS TOWED TO THE DEALER, WHO STATED THAT MAIN COMPUTER CHIP HAD TO BE REPLACED. *AK

Was NOT Computer chip That Needed to be Replaced, IT was
The Fuel pump again. This makes 3 times -
1- June 27, 03 3. July 15, 03,
2- July 14, 03

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.