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	Repository
2004 APR 20 AM 9:48 13-AUG-2003	☐
	Reference No. 10033777

OWNER INFORMATION (Type or Print)

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

Do you authorize NHTSA to release your name and address to the vehicle manufacturer? ☐ YES ☒ NO
In the absence of an authorization, NHTSA will forward your address to the vehicle manufacturer.
Signature of Owner Date 3/11/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1 2 W F T 6 1 L 6 2 5 6 2 1 7 8 6	MERCURY	COUGAR	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
1/18/03	Wright Brothers - 717-741-3876		

Original Owner	Dealer's City	State	Zip Code
☒	York	PA	17402

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☐ Cruise Control		072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
15-JUL-2003	117,186.	75mph

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).

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