U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline 2004 JAN 23 P 2:28

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 100145

Date Received	Repository ☐
16-DEC-2003	Reference No. 10051599

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City YPSILANTI | State MI | Zip Code [redacted]
Daytime Telephone Number [redacted] | 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 au[redacted]e your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 7 JAN 04

VEHICLE INFORMATION

17 [illegible] Identification Number Located at bottom of windshield on [illegible]	Make	Model	Model Year
4M2XV12T1Y[redacted]	MERCURY	VILLAGER	2000

Date Purchased	Dealer's Name and Telephone Number	Engine	Fuel Type
13 JUL 00	SESI LINCOLN-MERCURY 1-734-544-2201	3.3 L, No. Cylinders 6	GAS

Original Owner	Dealer's City	State	Zip Code
☒	YPSILANTI	MI	48197

Transmission Type	Antilock Brakes	Powertrain	Vehicle Component Code
4 SPEED AUTOMATIC	☒ Cruise Control		181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-AUG-2001	61000	STANDING

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	0	0	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).

THE VEHICLE'S THROTTLE PLATE BECAME STUCK. AS A RESULT, THE VEHICLE JUMPED FORWARD WITHOUT WARNING. PLEASE PROVIDE ADDITIONAL INFORMATION.

PRESSING HARD ENOUGH TO FREE ACCELERATOR CAUSES SUDDEN AND UNEXPECTED ACCELERATION. IN REVERSE GEAR, THIS CAN BE ESPECIALLY DANGEROUS.

REPAIR HISTORY: 22 AUG 02 71,861 MILEAGE RO12975 0057
11 OCT 02 [illegible] 0279
16 DEC 03 65,718 MILEAGE C43026 0080

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