



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100161

Date Received  
30-DEC-2003

Repository   
30-DEC-2003  
10052086

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: NAPLES State: FL Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an owner's name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: / /

VEHICLE INFORMATION

37 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4M2DU5SPM [Redacted]  
Make: MERCURY Model: MOUNTAINEER Model Year: 1997  
Date Purchased: 5/98 Dealer's Name and Telephone Number: Concord Ford, Inc. 973-232-6550  
Original Owner:  Dealer's City: Newark State: NY Zip Code: [Redacted]  
Engine: No. Cylinders: 8 Fuel Type: Gasoline  
Transmission Type: AUTO  Awollock Steering  Cruise Control  
Vehicle Component Code: 198000 VEHICLE SPEED CONTROL  
Multiple Failures: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-3-03 Failure Mileage: 71400 Failure Speed: 0 Don't know  
Feb-15 2001

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: DOTM19ABC036): [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), condition, and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: Y not in 2/001

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).

WHILE COMPLETELY STOPPED, THE ENGINE ROARED AND THE VEHICLE LUNGED INTO ONCOMING TRAFFIC HITTING ANOTHER VEHICLE. THE DEALER REPAIRED THE DAMAGES TO THE VEHICLE BUT WAS NOT ABLE TO DETERMINE THE CAUSE OF THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. \*NM

*This has happened to me three times with this vehicle. Other than these incidents this car has been problem free.  
Jan 2001, 2002, 2003 was in bumper to bumper slow moving traffic with frequent bumps. When the car suddenly roared and jumped forward. It appeared to be trying to break the bumper of the car ahead.*

Included 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 authority vested in the National Highway Traffic Safety Administration 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The car kept trying to climb over the car ahead and then suddenly  
 seemed to "blow-bump" The car then stopped and I regained  
 control. I called for help from the Ford dealer  
 in Florida where the accident happened and got no answer.  
 The same thing happened on 12/3/83 except this time  
 I was way behind passing traffic with nothing  
 immediately ahead of me at close range. I held on  
 and kept steering blue wheel to the far right and  
 continued to push. The car just flew into the intersection.  
 One car hit the other car, crossing Florida Tax  
 side, it stopped. The driver regained control and brought  
 it to a stop. My home (allied dealer) wants to investigate  
 Florida dealer and Ford request investigation



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

US Department  
 of Transportation  
 National Highway  
 Traffic Safety  
 Administration  
 400 Seventh St., S.W.  
 Washington, D.C. 20590

Official Business  
 Penalty for Private Use \$300

**BUSINESS REPLY MAIL**  
 FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 Office of Defects Investigation, NYS-216  
 400 7th Street, SW  
 Washington, DC 20590



**VEHICLE  
 OWNER'S  
 QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
 COMPLETE THIS FORM  
 OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

1-888-327-4238

DOT Auto Safety Hotline  
 (DASH) & DOT



US Department of Transportation  
 National Highway Traffic Safety  
 Administration  
 Informational only

Between the time of the 2001 accident  
and the time the repair was performed, a  
recall was issued. At that point the  
other parties led me to believe that the  
recall was probably the reason for the  
accident. At that point since the recall  
was performed, that there would be  
no more problems.

I have had a new Computer scan done  
once on Dec. 2, 2003 and again on [redacted] 2003

- LAW ENFORCEMENT SHORT FORM REPORT
- DRIVER REPORT OF TRAFFIC CRASH
- DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH 12 / 17 / 95		TIME OF CRASH 7:15 AM		TIME OFFICER NOTIFIED 7:18 AM		TIME OFFICER ARRIVED 7:20 AM		OFFICER'S REPORT NUMBER		OFFICER'S REPORT NUMBER	
	COUNTY / CITY CODE 67100		FEET 7		MILES 0		CITY OR TOWN MARIETTA		CITY OR TOWN		COUNTY	
Vehicle	AT NODE NO.		FEET		MILES		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES	
	AT THE INTERSECTION OF		FEET		MILES		FROM INTERSECTION OF		I. DIVIDED		ON BRIDGE, ROAD OR HIGHWAY	
Pedestrian	YEAR 97		MAKE (car, truck, motorcycle, etc.) Ford		TYPE (car, truck, motorcycle, etc.) Sedan		VEHICLE LICENSE NUMBER 4Y		STATE GA		VEHICLE IDENTIFICATION NUMBER	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) The Georgia State		POLICY NUMBER		EST. VEHICLE DAMAGE		VEHICLE REMOVED BY		1. Tow Release List		2. Driver	
Vehicle	YEAR 94		MAKE (car, truck, motorcycle, etc.) Ford		TYPE (car, truck, motorcycle, etc.) Sedan		VEHICLE LICENSE NUMBER		STATE FL		VEHICLE IDENTIFICATION NUMBER	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Allstate		POLICY NUMBER		EST. VEHICLE DAMAGE		VEHICLE REMOVED BY		1. Tow Release List		2. Driver	
Pedestrian	YEAR 94		MAKE (car, truck, motorcycle, etc.) Ford		TYPE (car, truck, motorcycle, etc.) Sedan		VEHICLE LICENSE NUMBER		STATE FL		VEHICLE IDENTIFICATION NUMBER	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Allstate		POLICY NUMBER		EST. VEHICLE DAMAGE		VEHICLE REMOVED BY		1. Tow Release List		2. Driver	
Vehicle	YEAR 94		MAKE (car, truck, motorcycle, etc.) Ford		TYPE (car, truck, motorcycle, etc.) Sedan		VEHICLE LICENSE NUMBER		STATE FL		VEHICLE IDENTIFICATION NUMBER	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Allstate		POLICY NUMBER		EST. VEHICLE DAMAGE		VEHICLE REMOVED BY		1. Tow Release List		2. Driver	
Pedestrian	YEAR 94		MAKE (car, truck, motorcycle, etc.) Ford		TYPE (car, truck, motorcycle, etc.) Sedan		VEHICLE LICENSE NUMBER		STATE FL		VEHICLE IDENTIFICATION NUMBER	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Allstate		POLICY NUMBER		EST. VEHICLE DAMAGE		VEHICLE REMOVED BY		1. Tow Release List		2. Driver	
Violator(s)	SECTION #		NAME OF VIOLATOR				FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
	SECTION #		NAME OF VIOLATOR				FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
SECTION #		NAME OF VIOLATOR				FL STATUTE NUMBER		CHARGE		CITATION NUMBER		
* PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE ZIP		
WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE		WITNESS NAME (2)		CURRENT ADDRESS		
CITY & STATE		ZIP CODE		CITY & STATE		ZIP CODE		CITY & STATE		ZIP CODE		
INVESTIGATOR - NAME & SIGNATURE		EMPLOYEE NUMBER		DEPARTMENT		COLLISION COURSE		OFFICER'S REPORT NUMBER		OFFICER'S REPORT NUMBER		

YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM  
 NO FURTHER ACTION REQUIRED BY YOU, REPORT COMPLETED BY LAW ENFORCEMENT AGENCY.

1/16/03

Sirs:

Please note, I am  
a legal resident  
of New York -

A seasonal resident  
of Florida where  
both accidents  
occurred.

My legal home  
residence is:

[REDACTED]

Fairport, NY [REDACTED]

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**