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

2004 FEB 19 PM 2:45

FOR AGENCY USE ONLY 120

Date Received	Repository
02-JAN-2004	
	Reference No. 10052285

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]		
City DETROIT	State MI	Zip Code [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 1/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located on bottom of windshield on driver's side)	Make	Model	Year
1MELM53465[redacted]	MERCURY	SABLE	1995

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
2-15-03	Rick's Motor Car Co 248-333-2033			6	UH Lead
Original Owner ☐	Dealer's City Pontiac	State MI	Zip Code 48340		

Transmission Type			Vehicle Component Code
AUTO	☑ Antilock Brakes ☑ Cruise Control	Powertrain: Front wheel DR	082000 ENGINE AND ENGINE COOLING:COOLING SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
02-JAN-2004	72001	30 mph

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: DOTMALSABC038)	☐ Original Equipment ☐ Prior Recap	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).

CONSUMER STATED THAT VEHICLE WAS LEAKING COOLANT INTO ENGINE WHICH CAUSED IT TO SMOKE . CONSUMER HAD THIS VEHICLE CHECKED OUT AND HE WAS TOLD THAT IT WAS LEAKING COOLANT. HE CALLED THE MANUFACTURER AND WAS TOLD THAT THERE WAS NO RECALL. *AK

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