



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 100145

Date Received 2004 FEB 26 AM 11:27
30-JAN-2004
Repository
Reference No. 10057232

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City COLONIAL HEIGHTS State VA Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [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 authorized signature, you provide your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 2/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2MEFM75W61X643238 ✓
Make MERCURY Model GRAND MARQUIS LS Model Year 2001
Date Purchased 1-8-02 Dealer's Name and Telephone Number Droy Kill Ford
Original Owner Dealer's City Hopewell Va State Va Zip Code 23860 Engine: No: Cylinders 8 Fuel Type: Gas
Transmission Type Auto Antilock Brakes Cruise Control Powertrain
Vehicle Component Code 141000 AIR BAGS:FRONTAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-JAN-2004 Failure Mileage 35000 Failure Speed 15

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: DOTM1A9ABC036) 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 0 Number of Deaths 0 Reported to Police Y

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 DRIVING 15 MPH VEHICLE WAS INVOLVED IN A HEAD ON COLLISION. UPON IMPACT, AIR BAGS DID NOT DEPLOY. *AK

Note Attached:
Police Report
Estimate of Repair / of Acc
Picture of Vehicle (9)

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.

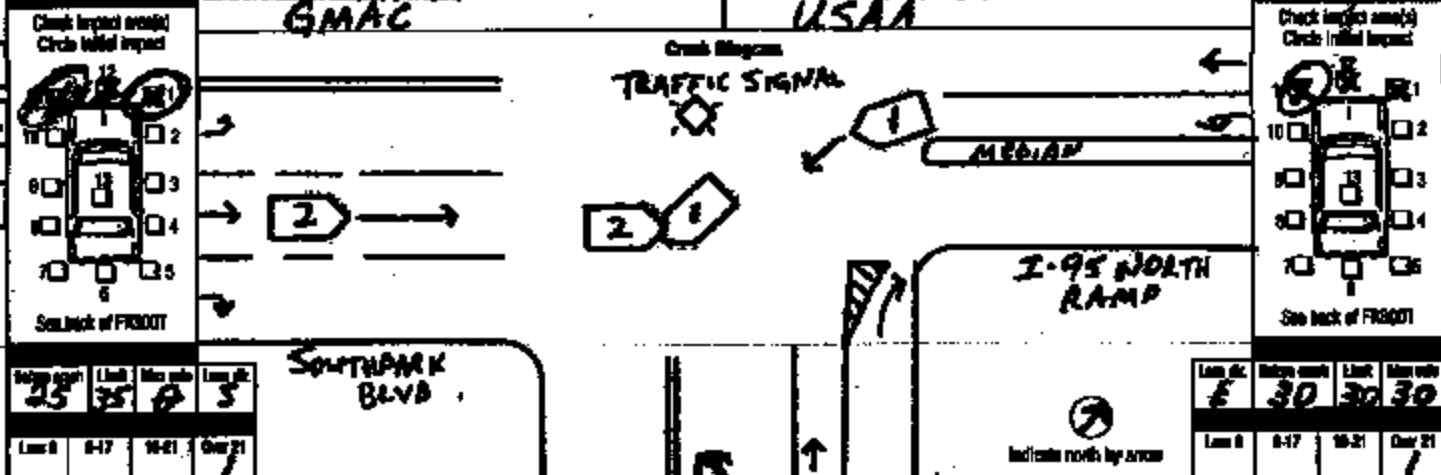
Police Crash Report

Crash date: <u>01/13/2009</u>	Day of week: <u>TUE</u>	Military time (24 hr. clock): <u>1445</u>	County of crash: _____	Official DMV use: _____
City of: <u>COLONIAL HGT'S</u>	Landmark at scene: _____	BPS/LM: _____		
Location of crash (street/road): <u>SOUTHARK BLVD</u>	Federal crossing ID no. (if within 150 ft.): _____	GPS Lang: _____	Mile marker number: _____	Local copy number: <u>04001333</u>
Direction of travel: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Location of crash (road/street): <u>EAST ROSYLN RD</u>			Number of vehicles: _____	

Driver's name (last, first, middle): _____	Driver's license no.: _____	Yrs. of experience: <u>41</u>
City: <u>COLONIAL HGT'S</u>	State: <u>VA</u>	
Birth date: _____	Sex: <u>F</u>	Other's license number: _____
Vehicle owner's name (last, first, middle) or Commercial motor carrier: _____		
Address (street and no.): _____		
City: _____	State: _____	ZIP: _____

A) Veh. type: <u>22</u> Veh. year: <u>1997</u> Veh. make: <u>FORD</u> Veh. model: <u>EXPLORER</u> DMV Towed: <input checked="" type="checkbox"/>	A) Veh. type: <u>1</u> Veh. year: <u>2001</u> Veh. make: <u>MERCUARY</u> Veh. model: <u>MARQUIS</u> DMV Towed: <input checked="" type="checkbox"/>
B) EBM type: <u>1</u> E) EBM in service: <u>3</u> Approximate repair cost: <u>6000</u>	B) EBM type: <u>1</u> E) EBM in service: <u>3</u> Approximate repair cost: <u>9800</u>
VIN: <u>1FMCU24X5VUA50053</u>	VIN: <u>2MEFM75W51X643238</u>

U.S. DOT no. or VA no.: _____	Placed no. and class or name: _____	U.S. DOT no. or VA no.: _____	Placed no. and class or name: _____
No. of axles: _____	Track cover: <input type="checkbox"/> Y <input type="checkbox"/> N	No. of axles: _____	Track cover: <input type="checkbox"/> Y <input type="checkbox"/> N
GVWR: <input type="checkbox"/> 10,000 and under	<input type="checkbox"/> HAZMAT	GVWR: <input type="checkbox"/> 10,000 and under	<input type="checkbox"/> HAZMAT
<input type="checkbox"/> 10,001 to 26,000	<input type="checkbox"/> Cargo unit	<input type="checkbox"/> 10,001 to 26,000	<input type="checkbox"/> Cargo unit
<input type="checkbox"/> over 26,000	<input type="checkbox"/> Overweight	<input type="checkbox"/> over 26,000	<input type="checkbox"/> Overweight
Name of insurance company (not agent): <u>GMAC</u>		Name of insurance company (not agent): <u>USAA</u>	



Damage to property other than vehicles: _____	Approximate repair cost: _____	Object struck (tree, fence, etc.): _____	Property owner's name (last, first, middle) and address: _____
Crash description: <u>VEHICLE # 1 ATTEMPTING LEFT TURN ON SOLID GREEN LIGHT. VEHICLE # 2 GOING STRAIGHT ON GREEN LIGHT. VEHICLE # 1 FAILS TO YIELD TO VEHICLE # 2 STRIKING VEHICLE # 2 IN LEFT FRONT.</u>			
Offense charged driver: <u>#1 FAIL TO YIELD RIGHT OF WAY</u>			

12	13	14	15	16	17	18	19	20	Name of injured (if deceased give date of death)	EMS transport	Date of crash (MM/DD/YYYY)
/											

Investigating officer: <u>WA JOHNSON</u>	Substation no.: <u>246/92</u>	Approximate crash time and date: <u>CHAD 105</u>	Reporting officer: <u>W.A. Johnson</u>	Report file date: <u>1/13/09</u>
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02/11/2004 at 02:01 PM
34950

Job Number:

ESTIMATE OF RECORD
2001 MERC GRAND MARQUIS LS 8-4.6L-FI 4D SED TAN- COPPE

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2LA98 Database Date 11/2003 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AN, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LEQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (\$) items indicate manual entries.

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07/11/2004 at 01:19 PM

FBI

Class

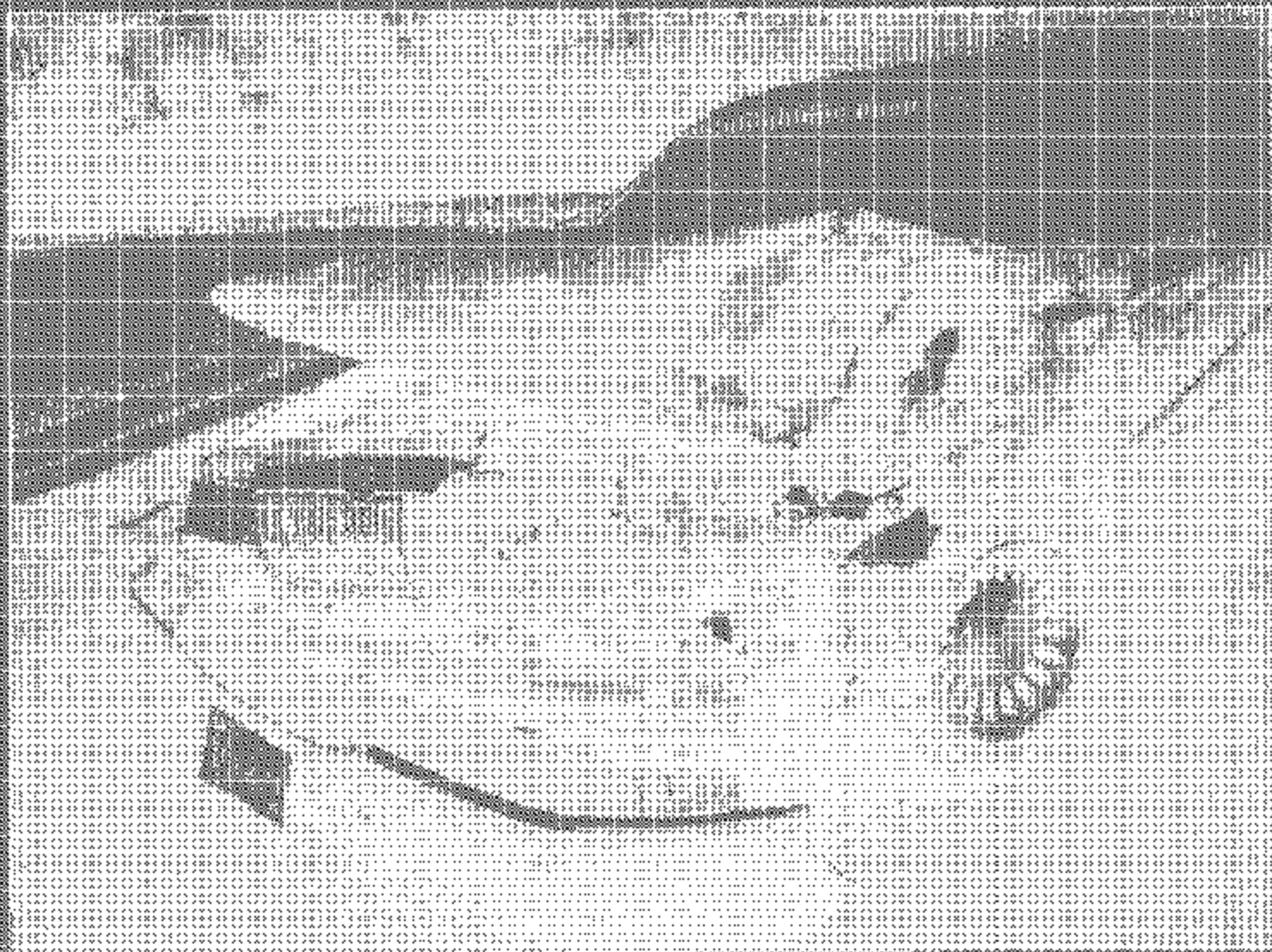
Name:

FBI

2001 WPC GENE MARJITS LB 8-4.6L-71 40 S&D TAN- COPPE

DOMINION POWERBOOK BOOK SHOP
325 Charles R. Dinnock Bldg.
Chimney Heights, VA 23824
Business: (804) 524-5515

COPIES REPORT



07/23/2004 14:01

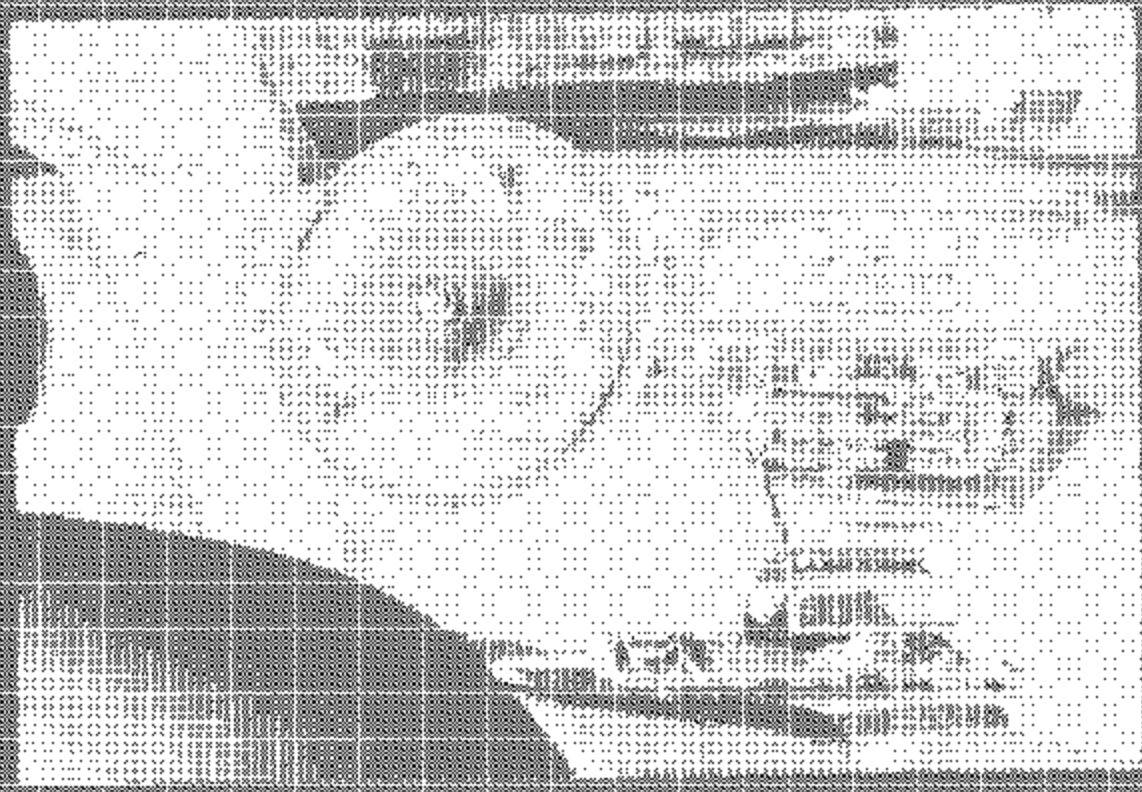
Damage Report

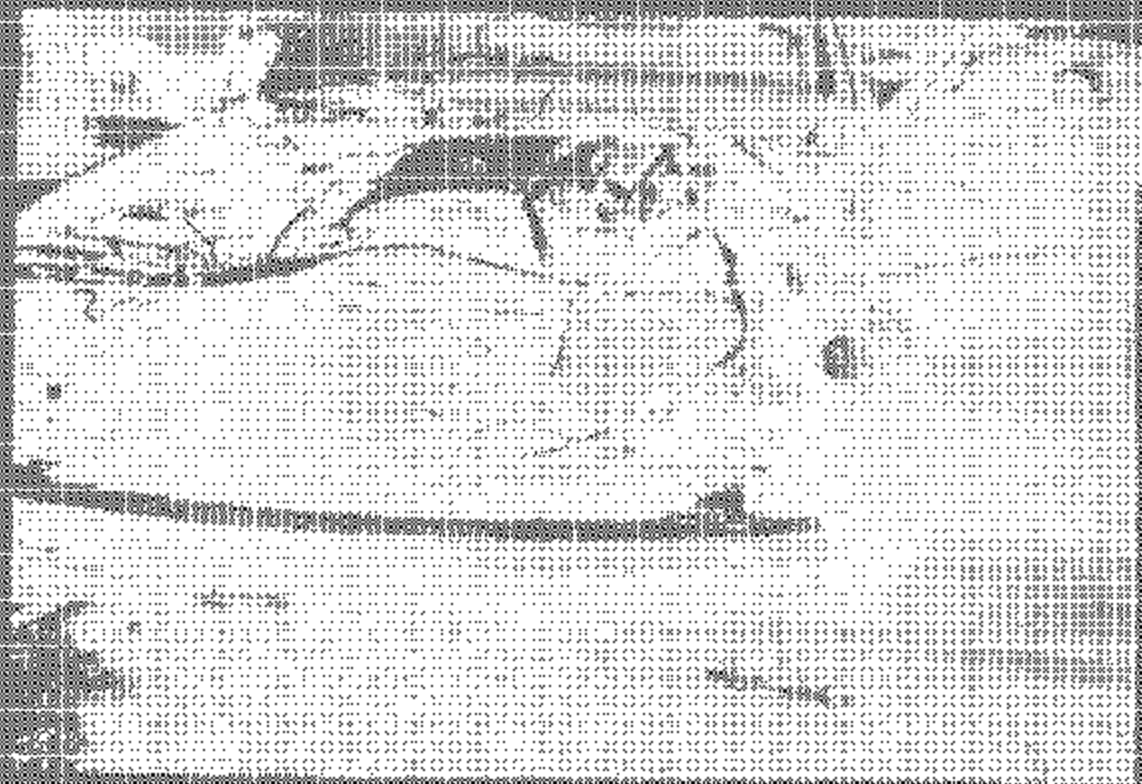


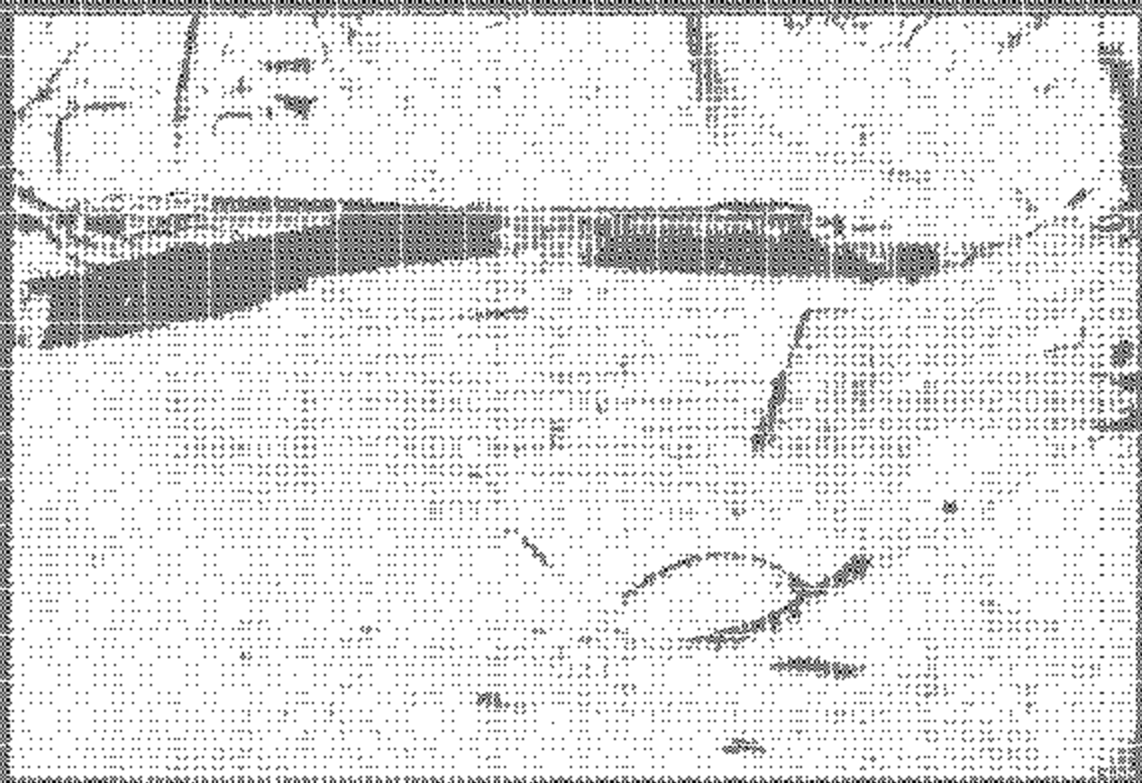
GRADE REPORT



01/02/2006: EST01:







**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).**