



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 100147

Date Received

04 APR - 1 PM 12:05

12-FEB-2004

Repository ☐

Reference No.

10057981

OWNER INFORMATION (Type or Print)

Name

Address

City

LITTLE FALLS

State

NY

Zip Code

Vehicle Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4M2D086E12ZJ03900

Make

MERCURY

Model

MOUNTAINEER

Model Year

2000

Date Purchased

1/0

Dealer's Name and Telephone Number

WAYNE LINCOLN-MERCURY 973 696 9700

Engine:

No. Cylinders

6

Fuel Type:

REG
UNLEADED

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Automatic

☒ Cruise Control

Powertrain

AUTO/AWD

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 1

(8)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

12-MAY-2001

Failure Mileage

12-2601

FIRST

Failure Speed

0-5

TRANS

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: DOTM19AB0308)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

- WHEN ACCELERATING DRIVER HEARD A KNOCKING NOISE, AND VEHICLE LOST ACCELERATION. *AK

- BANGS INTO GEAR WHEN ACCELERATING + DECELERATING - 12/26/01

- BUCKS + BANGS IN GEAR WHEN MOVING - 12/31/01

- TRANS JOLTS, BUCKS, BANGS IN + OUT OF GEAR - 7/15/02

- TRANS BANGS INTO GEAR WHEN MOVING > 8/6/02

- TRANS WHINING INTO GEAR

- O/D LIGHT FLASHING ON/OFF - CHECK TRANS LIGHT ON > 12/22/03

- NO POWER - HARD TO GET IN GEAR

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.

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

car has been disabled many times - unable to
put into gear + use
- UNSAFE - UNRELIABLE - has put my family + IAS
in jeopardy
- has unwilling to classify as "lemon"

US Department
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National Highway
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400 Seventh St., S.W.
Washington, D.C. 20590

First Class Business
Priority for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73175 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL, HWY. TRAFFIC SAFETY ADMIN.

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



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YES! OWN
QUESTION

DOT AUTO SAFETY

TO REPORT VEHICLE SAFETY
COMPLAINTS FROM
ON

DASH2DO

and dial toll free at

1-888-DASH-2

1-888-327-4231

DOT Auto Safety Hotline
(DASH) 2 DOT



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

[REDACTED]

Date: _____

To: To Whom IT may concern

From: [REDACTED]

HJ
Cell

Pages: _____

Subject:

Please call me
with any questions regarding
my investigation

Thank

[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).**