



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

2004 APR -9 PM 12:09  
09-MAR-2004

Repository

Reference No.  
10061644

OWNER INFORMATION (Type or Print)

Name

Address

City DELRAY BEACH

State FL

Zip Code

Daytime Telephone 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 authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 03/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at the front of the vehicle on either side

FILL IN: 2MEFM74W24X632543

Make

MERCURY

Model

MARQUIS

Model Year

2003  
2004

Date Purchased

12-14-03

Dealer's Name and Telephone Number

DELRAY LINCOLN MERCURY 561-276-2411

Engine

8

No. Cylinders 8

Fuel Type:

REGULAR

Original Owner

Dealer's City

DELRAY Bch

State

FL

Zip Code

33484

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Yes

Vehicle Component Code

1B1000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-FEB-2004

Failure Mileage

Failure Speed

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: DOTM16ABC036)

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 ATTEMPTING TO DEPRESS THE BRAKE PEDAL DRIVER ALSO PRESSED ON THE ACCELERATOR PEDAL, WHICH CAUSED THE VEHICLE TO ACCELERATE, MAKING IT DIFFICULT TO STOP THE VEHICLE. CONSUMER STATED THAT, THE PEDALS WERE TOO CLOSE TO EACH OTHER. \*AK

VERY DANGEROUS VEHICLE

Include, if 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 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.