



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 1357

Date Received  
2008 APR 26 AM 9:02

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Reference No.  
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OWNER INFORMATION (Type or Print)

Name [Redacted] Telephone Number [Redacted] E-mail Address [Redacted]  
Address [Redacted]  
City COLLINSVILLE State VA 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 authorized signature, do your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 4/10/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
3MELM6531TM600386 Make MERCURY Model MYSTIQUE Model Year 1996  
Date Purchased [Redacted] Dealer's Name and Telephone Number [Redacted] Engine: [Redacted] Fuel Type: [Redacted]  
Original Owner  Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]  
Transmission Type:  Antlock Brakes  Cruise Control Powertrain [Redacted] Vehicle Component Code 121000 EXTERIOR LIGHTING:HEADLIGHTS  
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) [Redacted] Failure Mileage 30000 64,000 Failure Speed [Redacted] HEADLIGHT LENSES

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/B5R15) [Redacted]  
DOT No. (Example: DOTMABABC036)  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 [Redacted] Number of Deaths [Redacted] 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).

HEADLIGHT LENSES DEVELOPED A CLOUDY WHITE DISCOLORATION THAT REDUCED THE LIGHTS ILLUMINATION. THIS CAUSED THE VEHICLE NOT TO PASS STATE INSPECTION. THE DISCOLORATION REPEATED, BUT THE DISCOLORATION RECURRED WITHIN 30,000 MILES. ~~THE DISCOLORATION REPEATED, BUT THE DISCOLORATION RECURRED WITHIN 30,000 MILES.~~  
HEADLIGHT LENSES WERE REPLACED BEFORE FACTORY WARRANTY AT 36,000 MILES. CAR NOW HAS 64,000 MILES AND AGAIN LENSES ARE CLOUDY & WHITE DISCOLORATION AND NEED REPLACEMENT BECAUSE OF SAFETY ISSUES. FORD SHOULD NOT HAVE DESIGNED A LENSE THAT DISCOLORIZES EVERY 30,000 MILES. THEREFORE THEY ARE UNSAFE. [Redacted]

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. [Redacted] 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.