



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 100216

Date Received

Repository

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Reference No.  
10073603 59

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City TOBYHANNA State PA 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?  
In the absence of your signature, provide your name or address to the vehicle manufacturer.

YES  NO

Signature of Owner [Redacted] Date 5/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: ZMRDA2028 [Redacted]  
Make MERCURY Model MONTELEONE Model Year 2004

Date Purchased 4/30/04 Dealer's Name and Telephone Number RAVPTICE 570 476-5500  
Original Owner  Dealer's City East Stroudsburg PA Zip Code 18301  
Engine: 4.2L No. Cylinders 6 Fuel Type: GAS

Transmission Type 4/30/04 AUTO  Antilock Brakes  Cruise Control Powertrain yes  
Vehicle Component Code 353400 EQUIPMENT: ELECTRICAL: RADIO/TAPE DECK/CD ETC.  
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 4/30/04 Failure Mileage 100 mi/05 Failure Speed

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: DOTM1A9ABC098)  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 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 NOTICED THAT WHILE THE DVD/ TELEVISION SET WAS ENGAGED THE REAR MIRRORS BECAME INOPERATIVE. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC INFORMED CONSUMER THAT THE PROBLEM COULD NOT BE FIXED BECAUSE IT WAS DESIGNED THAT WAY. \*AK

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.