



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: 19-JUL-2004
2004 SEP -8
Repository:
Reference No.: 10082169

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: OMAHA State: NE 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 authorization, NHTSA will not disclose your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 8/2/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 2MEHM75W14X
Make: MERCURY Model: GRAND MARQUIS Model Year: 2004
Date Purchased: 11-03 Dealer's Name and Telephone Number: Wood House Ford 402-592-1044 Engine: No. Cylinders: 8 Fuel Type: GAS
Original Owner: SA Dealer's City: OMAHA State: NE Zip Code: 68117
Transmission Type: AUTOMATIC Anti-lock Brakes: Powertrain Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING
 Cruise Control Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-JUL-2004 Failure Mileage: 3,300 Failure Speed: ~~UNK~~ WIFE SAID CAR SPED FORWARD AT HIGH SPEED WHEN SHE WAS STOPPING AT STORE EXIT RIGHT TURN

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: DOTMALSABC036): _____ 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 DRIVING AT LOW SPEEDS, THE VEHICLE WOULD SURGE FORWARD WITHOUT WARNING. THE CONSUMER WILL TAKE THE VEHICLE TO THE DEALERSHIP FOR INSPECTION. PLEASE PROVIDE ANY FURTHER DETAILS. *LA

JULY 20-04 CALLED DEALER STAN OLSEN 402-5978200
8/6/04 called again TALKED TO MGR SAID HAD NO REPORTS
ask to check acceleration gear OS CAR SPEED UP NO NEED TO
my see defect BRING CAR IN

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.

**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).**