



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 1367

Date Received

22-JUL-2004

Repository

Reference No.

2004 AUG 19 PM 6:50
10083468

OWNER INFORMATION (Type or Print)

Name

Address

City SUMMERFIELD

State FL

Zip Code

Daytime Telephone Number

E-mail Address

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 name or address to the vehicle manufacturer.

Signature of Owner

Date 8/3/04

VEHICLE INFORMATION

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

2MEFM74W21X661116

Make

MERCURY

Model

GRAND MARQUIS

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

BUCHANAN JENKINS Ocala, FL

Engine:

No. Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

Ocala

State

Fla.

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

141.000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-JUL-2004

Failure Mileage

40,000 app.

Failure Speed

40-45

Driver's Air Bag

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Michelin

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A95036)

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

0

Number of Deaths

Reported to Police

Y

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).

THE VEHICLE WAS INVOLVED IN A FRONTAL COLLISION WHILE DRIVING AT AN UNKNOWN SPEED. ONLY THE PASSENGER AIR BAG DEPLOYED UPON IMPACT. THE COMPLAINT WAS GIVEN BY THE REPAIR SHOP BY A PERSON NAMED PETE. PLEASE PROVIDE ADDITIONAL INFORMATION.

*JB
SPEED 40-45 MPH. ON WET ROAD. DRIVERS SEAT BELT DEPLOYED. AIR BAG DID NOT.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

This 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.

LAW ENFORCEMENT SHORT FORM REPORT
 DRIVER REPORT OF TRAFFIC CRASH
 DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

7/19

Time & Location	DATE OF CRASH 07/19/2004	TIME OF CRASH 8:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 2004070314	HEAVY CRASH REPORT NUMBER 01739509				
	COUNTY/CITY CODE 14/30	STATE FL	CITY/TOWNSHIP BELLEVUE	CITY/TOWNSHIP BELLEVUE	CITY/TOWNSHIP MARION	CITY/TOWNSHIP MARION				
Vehicle	AT NODE NO.	FEET	MILE	FROM NODE NO.	FEET	MILE	NO. OF LANE	1	1 DIVIDED 2 UNDIVIDED	STREET, ROAD OR HIGHWAY SR 500
	AT THE INTERSECTION OF	FEET	MILE	FEET	MILE	NO. OF LANE	4	1	1 DIVIDED 2 UNDIVIDED	STREET, ROAD OR HIGHWAY SR 500
Vehicle	PLATE NO. JO	MAKE (incl. foreign) CHEV	TYPE (incl. truck, tractor, etc.) Automobile	VEHICLE LICENSE NUMBER W0389V	STATE FL	VEHICLE IDENTIFICATION NUMBER 1G1LN1471E				
	CLASS. AREA OF VEHICLE DAMAGE <input type="checkbox"/> Front <input type="checkbox"/> R/Front <input type="checkbox"/> L/Side <input type="checkbox"/> R/Side <input checked="" type="checkbox"/> Rear <input type="checkbox"/> R/Rear <input type="checkbox"/> L/Rear	VEHICLE DAMAGE 700	VEHICLE REMOVED BY D MCKINNEY	1 Tow Rental Unit 2 Tow Operator Request 3 Other	3					
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (NAME, ADDRESS OR P.O.) NATIONWIDE						RECEIPT NUMBER 7709E265149			
	NAME OF DRIVER (Take from Driver License) (PEDESTRIAN) FL E/Operator						CITY AND STATE WIKINDALE FL			
Vehicle	YEAR 2001	MAKE (incl. foreign) MERC	TYPE (incl. truck, tractor, etc.) Automobile	VEHICLE LICENSE NUMBER 80VGG	STATE FL	VEHICLE IDENTIFICATION NUMBER 2MEEM74W21X661116				
	CLASS. AREA OF VEHICLE DAMAGE <input checked="" type="checkbox"/> Front <input type="checkbox"/> R/Front <input type="checkbox"/> L/Side <input type="checkbox"/> R/Side <input type="checkbox"/> Rear <input type="checkbox"/> R/Rear <input type="checkbox"/> L/Rear	VEHICLE DAMAGE 2500	VEHICLE REMOVED BY C HOWARD	1 Tow Rental Unit 2 Tow Operator Request 3 Other	3					
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (NAME, ADDRESS OR P.O.) FLORIDA FARM BUREAU						RECEIPT NUMBER AP 1162610			
	NAME OF DRIVER (Take from Driver License) (PEDESTRIAN) FL E/Operator						CITY AND STATE SUMMERFIELD FL			
Vehicle	YEAR	MAKE (incl. foreign)	TYPE (incl. truck, tractor, etc.)	VEHICLE LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER				
	CLASS. AREA OF VEHICLE DAMAGE <input type="checkbox"/> Front <input type="checkbox"/> R/Front <input type="checkbox"/> L/Side <input type="checkbox"/> R/Side <input type="checkbox"/> Rear <input type="checkbox"/> R/Rear <input type="checkbox"/> L/Rear	VEHICLE DAMAGE	VEHICLE REMOVED BY	1 Tow Rental Unit 2 Tow Operator Request 3 Other						
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (NAME, ADDRESS OR P.O.)						RECEIPT NUMBER			
	NAME OF DRIVER (Take from Driver License) (PEDESTRIAN)						CITY AND STATE			

SECTION# 2	NAME OF VIOLATOR	FL STATUTE NUMBER 316 0895 1	CHARGE FOLLOWING TO CLOSELY	CITATION NUMBER 5249-COI
SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PROPERTY DAMAGED - OTHER THAN VEHICLE: \$

WITNESS NAME (1): _____ CURRENT ADDRESS: _____ CITY: _____ STATE: _____

WITNESS NAME (2): _____ CURRENT ADDRESS: _____ CITY: _____ STATE: _____

INVESTIGATOR - NAME & SIGNATURE: **OFF. J BUTCHER**

CHARGE NUMBER: **400** DEPARTMENT: **BELLEVUE POLICE DEPARTMENT**

PROPERTY DAMAGE: YES NO OTHER

YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM
 NO FURTHER ACTION REQUIRED BY YOU REPORT COMPLETED BY LAW ENFORCEMENT

Kevin Lyles estimate 5711

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