



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 160216

Date Received

Repository

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24 AUG 2004

Reference No.
1008877

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: FREEHOLD State: NJ Zip Code: [REDACTED]

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 name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2M0EFM75W81X [REDACTED]
Make: MERCURY Model: GRAND MARQUIS LE Model Year: 2001
Date Purchased: SAME 05-07 Dealer's Name and Telephone Number: [REDACTED] - 462-1878 Engine: No. Cylinders: 6 Fuel Type: REG GAS
Original Owner: Dealer's City: FREEHOLD State: NJ Zip Code: 07728
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: [REDACTED]
Vehicle Component Code: 021210 SUSPENSION: FRONT: SPRINGS: COIL SPRINGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-FEB-2004 Failure Mileage: 28000 Failure Speed: ALL #6 COIL

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: DOTM189A8C098): [REDACTED] 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), fatality, 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).

WHILE DRIVING 35 MPH CONSUMER HEARD A LOUD NOISE COMING FROM THE FRONT OF THE VEHICLE. IT VIBRATED UNCONTROLLABLY. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND DROVE IT TO THE DEALER FOR INSPECTION. MECHANIC DETERMINED THAT THE FRONT COIL SPRING NEEDED TO BE REPLACED. *AK

UNTRUE. CAR STARTED VIBRATING JUST AFTER THE WARRANTY RAN OUT IN JUNE 2004. IT VIBRATED CONSTANTLY AT ALL SPEEDS. I TOOK IT TO THE DEALER BECAUSE THE ENGINE LIGHT WAS ON. THEY REPLACED THE #6 COIL AFTER CHECKING ENGINE [REDACTED] 08/04/09

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