



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-HELP
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1388

Date Received

Repository ☐

Reference No.
10001888-
00V

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

ROCHESTER HILLS

State

MI

Zip Code

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 your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 9/22/04

VEHICLE INFORMATION

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

4M2KV11T1X0

Make

MERCURY

Model

VILLAGER

Model Year

1999

Date Purchased

6/2003

Dealer's Name and Telephone Number

Lisco Ford

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

West Fenton

State

MI

Zip Code

48090

Transmission Type

Automatic

☒ Antilock Brakes

☐ Cruise Control

Powertrain

100000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL

Vehicle Component Code

181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL

Multiple Failure: 1,000 T

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-AUG-2004

Failure Mileage

70,000

Failure Speed

70 MPH

Failure Location

West Fenton, MI

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: DOTM19ABC036)

☐ 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;

Is, parts repaired or replaced (and if old part is available).

WHILE DRIVING ACCELERATOR PEDAL STUCK. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *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.