



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY

Date Received

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_lr \_\_\_\_\_

2004 NOV 17 PM 3:52

Reference No.

10101380

## OWNER INFORMATION (Type or Print)

Name

Street

Apt. No.

City

State

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 authorized agent, you will be required to provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 10/31/04

## PRODUCT INFORMATION

Vehicle Identification No. (VIN.)  
(17 Digits)(Located at bottom of  
windshield on driver's side)

Make

Model

Year

4M2DW11W5SD

MERCURY

VILLAGER

1995

Purchased Date

Dealer's Name

Engine Size  
(CID/CCL) Turbo Diesel Gas Fuel Injection

4-9-03

KIT-DOWN CARS

No. Cylinders

16

 New  Used

Dealer's City

BRONX

State

N.Y.

Zip Code

Manufacture Date  
(on driver's door or pillar)

Transmission Type

Restraint System

Cruise Control

Drivetrain

Vehicle Type

Body Style

 Manual Automatic Driveside Air Bag Motorbelt Passengerside Air Bag 2-Point Belt 3-Point Belt Yes No Front Rear 4-Wheel Car Van Minivan Other Sport Utility Truck Motorcycle 2-Door 4-Door Stationwagon Pick Up Truck Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)

Location

 Left Right Front Rear

Failed Part(s)

 Original Replacement

Handicap Adaptive Equip

 Yes No

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand

Tire Name

Complete Tire Size

DOT No.

No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)  
Available? Yes NoNHTSA Previously  
Contacted? Yes No

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Fatalities

Reported to Manufacturer

 Yes  No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). I BARBARA SIMMONS REQUESTED THIS FORM.

SOMETIMES I DRIVE MY DAUGHTER'S VAN AND I'VE NOTICED AN ACCELERATION WHILE

DRIVING. I'LL START AT 40 MILES AND THE CAR GOES TO 52 WITHOUT MY FOOT ON THE GAS.

WHILE DRIVING FORWARD, I MUST HOLD FIRMLY WITH BOTH HANDS TRYING TO KEEP IT

FROM PULLING TOWARDS THE LEFT. THIS VEHICLE BELONGS TO MY DAUGHTER.

ON WEDNESDAY JUNE 16, 2004, MY DAUGHTER (SALONGE MACK) LOST CONTROL OF THE VAN.

IT PULLED HER TOWARDS HER LEFT AND HIT A PARKED VEHICLE AND AN ACCIDENT

REPORT WAS FILED. THEN RECENTLY, ON TUESDAY OCTOBER 29, 2004, SHE ARRIVED AT WORK

PARKED THE CAR. THEN IT WENT INTO REVERSE AND BACKED INTO THE GARAGE DOOR. Continued on back

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-396-7882