



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 100102

Data Received

Repository

07-FEB-2005

2005 MAR 7 AM 4:02
Reference No.
10110887

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: TALLAHASSEE State: FL Zip Code: [Redacted]

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 your name or address to the vehicle manufacturer.
Signature of Owner _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number: 2MELM75U [Redacted]
Make: MERCURY Model: MARQUIS Model Year: 1993
Date Purchased: 06/04 Dealer's Name and Telephone Number: John Madden
Original Owner: Dealer's City: Miami State: FL Zip Code: [Redacted]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-NOV-2004 Failure Mileage: 38000 Failure Speed: N/A
Electrical fire under hood in discrete location. Failed part most likely one on recall.

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: DOTMALSABC038) 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(es).)

Crash Yes No Fire Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: Y

Narrative Description of Incident(s), Crash(es), and Injury(es).
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).

VEHICLE IS EXPERIENCING A PROBLEM WITH THE CRUISE CONTROL DEACTIVATION SWITCH. VEHICLE CAUGHT ON FIRE WHILE PARKED IN THE DRIVEWAY. OWNER NOTIFIED THE DEALER AND THE MANUFACTURER. THIS VEHICLE WAS NOT INCLUDED IN THE CURRENT RECALL DUE TO VIN. *AK

Photographs, reports, and invoices for work done on car was submitted last November.

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.