



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 310

Date Received
2005 MAR -8 PM
10-FEB-2006

Repository
Reference No.
10111306

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ST. LOUIS State MO Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]

E-mail Address

Do you authorize NHTSA to include a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 2/19/05 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2NEFM74WX1A [Redacted] Make MERCURY Model GRAND MARQUIS Model Year 2001

Date Purchased [Redacted] Dealer's Name and Telephone Number [Redacted] Engine: No: Cylinders Fuel Type: Gas

Original Owner Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]

Transmission Type Antilock Brakes Powertrain Vehicle Component Code 151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-AUG-2003 Failure Mileage 44302 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/85R15) [Redacted]
DOT No. (Example: DOTWALBABC036) 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), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 1 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).

ATTORNEY REPRESENTED THE FAMILY OF [Redacted] WHO HAD DIED IN AN AUTOMOBILE ACCIDENT WHILE DRIVING A 2001 GRAND MARQUIS THE ATTORNEY ALLEGED THAT THE DRIVER'S SIDE SEAT BELT BUCKLE FAILED, AND CAUSED [Redacted] TO BE EJECTED DURING THE ROLL OVER INCIDENT. THE VEHICLE WAS PREVIOUSLY SERVICED UNDER RECALL 01V227000. INFORMATION AS TOLD TO ODI. *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.