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 100192

Date Received	Repository
10-FEB-2005	
	Reference No. 10111319

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City PORTLAND	State OR	Zip Cod [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES OK [X] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/27/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4M2XV11T3XD [redacted]	MERCURY	VILLAGER	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type: Gas
Original Owner [X]	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	[X] Antilock Brakes [X] Cruise Control	FRONT WHEEL DRIVE	123000 EXTERIOR LIGHTING:TAIL LIGHTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-FEB-2005	5000		

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: DOTMAL9ABC036)	[ ] 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
[ ] Yes [X] No	[ ] Yes [X] No			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).

NHTSA RECALL CAMPAIGN 99V347001 TAIL LAMP SOCKET. VEHICLE EXPERIENCED A PROBLEM WITH THE REAR TAIL LIGHT SOCKET. THE SOCKET LOCKING TAB WILL NOT HOLD THE BULB IN POSITION ,THUS ALLOWING THE BULB TO FALL OUT OF THE SOCKET INDICATING THAT THE TAIL LIGHT WAS NOT FUNCTIONING PROPERLY. ALSO, THIS VEHICLE WAS NOT COVERED UNDER RECALL DUE TO VIN. DUE TO THE VIN ALTHOUGH IT WAS EXPERIENCING THE SAME DEFECTS AS THOSE DESCRIBED IN THE RECALL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY