



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 252

Date Received

28-FEB-2005

Repository

Reference No.

10113179

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City RED LION

State PA

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES

In the absence of an [REDACTED] provide your name or address to the vehicle manufacturer.

Signature of Owner [REDACTED]

Date 2/12/05

VEHICLE INFORMATION

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

4M2ZU86K34U [REDACTED]

Make

MERCURY

Model

MOUNTAINEER

Model Year

2004

Date Purchased

1-24-04

Dealer's Name and Telephone Number

WRIGHT BROTHERS LINCOLN-MERCURY 717-741-3876

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

PA

State

Zip Code

17402

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

REAR WHEEL DRIVE

AWD

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

28-FEB-2005

Failure Mileage

Failure Speed

2

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: DOTM9ABC036)

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

0

Number of Deaths

0

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; i.e. parts repaired or replaced (and if old part is available).

WHILE SHIFTING INTO REVERSE TRANSMISSION HESITATED THREE TO FOUR MINUTES BEFORE ENGAGING. THEN, VEHICLE SHOOK. DRIVER DROVE VEHICLE TO THE DEALER, AND MECHANIC DETERMINED THAT TRANSMISSION NEEDED TO BE REPLACED. *AK

AFTER HESITATING TRANSMISSION SLAM INTO GEAR. FORD HAD A RECALL ON THIS ISSUE WHICH CALLED FOR CHANGING THE TRANSMISSION OIL. THIS DOES NOT HELP, THE PROBLEM IS MORE SERIOUS. SECOND TRIP BACK TO THE DEALER THEY REPLACED A SOLENOID AND REPROGRAMMED PER PULTSB 17883. WE ARE WAITING TO SEE IF THIS WORKS!

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 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.