



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 100145

Date Received

22-MAR-2005

Repository

Reference No.
10115663

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City FREEHOLD State NJ Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number **SAME**

N/A

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 signature, NHTSA will NOT include your name or address to the vehicle manufacturer.

Signature of Owner _____ Date **3/24/05**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **2MEFM25UR1X**
Make: MERCURY Model: GRAND MARQUIS Model Year: 2001
Date Purchased: **JUNE 5-04** Dealer's Name and Telephone Number: **IRWIN LINCOLN MERCH 732-342-1000** Engine: No. Cylinders: **8** Fuel Type: Gas
Original Owner: Dealer's City: **FREEMAN** State: **NJ** Zip Code: **07729**
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: **4 WHEEL DRIVE** Vehicle Component Code: 103300 POWER TRAIN:AUTOMATIC TRANSMISSION:GEAR POSITIO:
Multiple Failure: **4**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 20-MAR-2005 Failure Mileage: 31000 Failure Speed: _____

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: DOTMALBABC036) 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 MAKING A RIGHT TURN INTO A PARKING SPACE GEAR SHIFT, AND IGNITION SWITCH LOCKED, AND VEHICLE LOST POWER. DEALER STATED THEY COULD NOT DUPLICATE THE PROBLEM. *AK **ENGINE SHUTS OFF.**
THIS HAS HAPPENED 4 TIMES IN THE LAST 3 1/2 YEARS
THE SERVICE MANAGER INSISTS THAT IT CAN'T POSSIBLY HAPPEN. THE SERVICE PEOPLE SAY THAT THEY CAN'T FIX WHAT THEY CAN'T SEE UNFORTUNATELY THIS HAS HAPPENED ON A HOLLADAY OR LATE IN THE EVENING, SO THEY CAN'T FIX WHAT THEY CAN'T SEE.

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

The Privacy Act of 1974-Public Law 93-502 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.

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

WHEN PULLING INTO A PARKING AREA AT SLOW SPEEDS, THE ENGINE SHUT OFF AND THE STEERING WHEEL AND GEAR SHIFT LOCKS IN PLACE. THE KEY CAN NOT BE TURNED. I GOT OUT OF THE CAR, ROLLED IT BACK FORTH FOR A FEW MINUTES, GOT BACK INTO THE CAR, AND TRY TO MOVE BOTH THE WHEEL AND THE GEAR SHIFT, AFTER ABOUT 5 MINUTES OF THIS, THE BOTH WHEELS OF THE CAR IS OK FOR 5 OR 6 MINUTES UNFORTUNATELY, THIS HAS HAPPENED ON HOLIDAYS OR LATE AT NIGHT. HOWEVER, THE SERVICE MANAGER HE STATED THAT IF IT HAPPENS AGAIN, NO ONE CAN GO OUT INTO THE FIELD TO CHECK IT. HE HAS NOT CO-OPERATED AT ALL. I'M AFRAID WHEN MY WIFE NEEDS A NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline