



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 1368

Date Received

Repository

24-MAR-2005

2005

APR 25 AM 8:59

Reference No.

10115734

OWNER INFORMATION (Type or Print)

Name

Address

City SPLENDORA

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 4/11/2005

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1MELM82W9VH
Make: MERCURY
Model: COUGAR
Model Year: 1987

Date Purchased: _____ Dealer's Name and Telephone Number: _____

Engine: _____ Fuel Type: _____
No. of Cylinders: _____

Original Owner: Dealer's City: _____ State: _____ Zip Code: _____

Transmission Type: AUTOMATIC Antilock Brakes: Powertrain: _____
 Cruise Control: _____
Vehicle Component Code: 114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-MAR-2005
Failure Mileage: 87000
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: DOTM19ABC03B): _____
 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

(When applicable to type of incident(s): Fatality, Convicted, and Injurious.)

Crash: Yes No
Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ 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).

WHILE VEHICLE PARKED FOR 15 MINUTES A FIRE STARTED UNDER THE HOOD. THE VEHICLE WAS TOTALED. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974, Public Law 93-570 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.