



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 100148

Date Received

2005 AUG 19
30 JUN 2005

Repository

10127124

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MILFORD State: MI Zip Code: [Redacted]

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 authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 8/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4M2DU86C [Redacted]
Make: MERCURY Model: MOUNTAINEER Model Year: 2004
Date Purchased: 01-OCT-03 Dealer's Name and Telephone Number: [Redacted] Engine: [Redacted] Fuel Type: Gas
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: ALL WHEEL DRIVE Vehicle Component Code: 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-SEP-2004 Failure Mileage: 15000 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 P215/65R15): [Redacted]
DOT No. (Example: DOTM19A8C036): [Redacted] 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

Yes No

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. List parts repaired or replaced (and if old part is available).

DT: CONTACT STATED DURING BRAKING THE VEHICLE STALLS, AND WHEN HE WENT TO RESTART AND PUT IT IN DRIVE IT STALLED AGAIN. TOOK VEHICLE TO THE SERVICE DEPARTMENT 3 TIMES. THE SECOND TIME THEY REPLACED THE FUEL PUMP, THE FIRST TIME THEY UPDATED THE ENGINE CONTROLLER SOFTWARE. *AK
4th instance July 20, 05. Braking on highway from 55mph. Total loss of vehicle power. MAF sensor replaced by dealer this time.
Noted similar complaint #10120867 already on file @ NHTSA.

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**