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

2005 AUG 27 PM 2:45

FOR AGENCY USE ONLY 100148

Date Received	Repository
15-AUG-2005	
	Reference No. 10132946

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City SHELTON	State WA	Zip Code	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of an[illegible]ILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4M2DU86K53Z	MERCURY	MOUNTAINEER	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-OCT-03	GILLS AUTO CENTER 1-800-365-4096			No: Cylinders 6	Gas
Original Owner [X]	Dealer's City SHELTON	State WA	Zip Code 98584		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	4 WHEEL DRIVE	110000 ELECTRICAL SYSTEM Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2003	0		

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	0	0	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).

DT: THE AUTOMATIC TIRE WARNING SYSTEM HAS NOT WORKED SINCE THE CONSUMER PURCHASED THE VEHICLE. HOWEVER, THERE WAS NO PROBLEM WITH THE TIRES. EVERY TIME HE TOOK IT TO THE DEALER THEY RECALIBRATED THE COMPUTER EVERY 3,000 MILES, BUT THIS HAS NOT IMPROVED THE CONDITION. WHEN HE CONTACTED THE MANUFACTURER THEY TELL HIM TO TAKE IT TO THE TIRE DEALER. THE TIRE DEALER REFERRED HIM BACK TO FORD BECAUSE IT WAS A PROBLEM WITH THE VEHICLE ITSELF. THE CONSUMER FELT THAT IT WAS A SAFETY ISSUE BECAUSE THE COMPUTER DID NOT WARN HIM IF THERE WAS A LOSS OF AIR PRESSURE IN ANY OF THE TIRES. THIS OCCURRED FIRST IN 12-2003, AND HAPPENED AGAIN WHEN THE CONSUMER HAD TAKEN A TRIP IN 5-2004, AND IT KEPT RECURRING. *AK

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