



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

Repository

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18-FEB-2006

Reference No.  
10160414

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: FENTON State: MO Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] Email Address: [REDACTED]  
Evening Telephone Number: [REDACTED]

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: [REDACTED] Date: 3/1/06

VEHICLE INFORMATION

17-Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4M2DV11WS [REDACTED]  
Make: MERCURY Model: VILLAGER Model Year: 1996  
Date Purchased: 18-FEB-06 Dealer's Name and Telephone Number: [REDACTED] Engine No: Cylinders: 4 Fuel Type: Gas  
Original Owner:  Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Transmission Type: AUTOMATIC Antilock Brakes:  Cruise Control:  Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 123000 EXTERIOR LIGHTING:TAIL LIGHTS  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-FEB-2006 Failure Mileage: 144110 Failure Speed: 0

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: DOTM15ABC036): [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

(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).

DT\*: THE CONTACT STATED DURING A STATE INSPECTION THE BRAKE AND RUNNING LIGHTS CONTINUALLY FAILED TO ILLUMINATE. ALTHOUGH, THE BULBS WERE REPLACED SIX TIMES THE LIGHTS CONTINUED FAILING. THE FUSES WERE INSPECTED, BUT WERE NOT THE REASON FOR THE FAILURES. THERE IS A NHTSA RECALL, # 96V263003, REGARDING THE TAIL LIGHTS. THE VEHICLE HAD THE SAME PROBLEMS AS INDICATED IN THE RECALL; HOWEVER IT IS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

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