



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

03-MAY-2006 31

Reference No.
10156709

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City KETTERING State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number
SAME

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 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2MEFH74V66X [REDACTED] Make MERCURY Model GRAND MARQUIS Model Year 2006
Date Purchased 27-FEB-06 Dealer's Name and Telephone Number 397-432-0052 HINLOH MERCURY of DAYTON INC Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City DAYTON OH State OH Zip Code 45459
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain UNKNOWN Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-APR-2006 Failure Mileage 440 Failure Speed 30 MPH

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: DOTNALSABC036) 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).

DT*: THE CONTACT STATED WHILE ATTEMPTING TO APPLY BRAKE PRESSURE AT LOW SPEEDS THE BRAKES FAILED CAUSING THE VEHICLE TO ACCELERATE. THE DEALERSHIP WAS UNABLE TO DUPLICATE THE PROBLEM.

THE DEALER REP LOAN CALLED AND TOLD ME SINCE THEY CAN NOT DUPLICATE PROBLEM THEY CAN NOT FIX IT. IT IS A SERIOUS PROBLEM IF IT HAPPENS AT A TRAFFIC LIGHT I COULD NOT STOP WITH THE BRAKES. HAVE TO USE EMERGENCY BRAKES

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.

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

3/19/06 TOLD DEALER HOW CAR LUNGS ON TAKE OFF, I COULD NOT TURN BECAUSE CAR
~~BRAKE~~ HAD NO BRAKES SO I COULDN'T AND I WOULD HAVE BROOD SIDED THE
CAR WAITING TO ENTER INTERSECTION. BRAKE TOOK HOLD APPROX 3 MI.
STOPPED TO TALK TO MAN THAT SAW WHAT HAPPEN HE GOT IN AND REUP
UP THE MOTOR AND SAID SOMETHING WAS STICKING. WHEN HE GOT OUT
I GOT BACK IN CAR AND HAD MY FOOT FIRMLY ON BRAKE AND CAR
TOOK OFF AND WENT 6 FT AND I NEVER PUT MY FOOT ON GAS
THEY RETURNED CAR TO ME AND SAID NOTHING WAS WRONG WITH IT
GO AHEAD AND DRIVE IT, NOW I HAVE A NEW CAR I'M AFRAID TO DRIVE
FOR FEAR OF KILLING SOMEONE.

ATTACH ADDITIONAL SHEETS IF 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

DAYTON OH 454

11 MAY 2006 PM 3 T

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-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236



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U.S. Department of Transportation

