



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: 05-JUN-2006 9:30
Repository:
Reference No.: 10159010

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SPRINGFIELD State: NJ Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail 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: _____ Date: ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2MELM75W [Redacted]
Make: MERCURY Model: GRAND MARQUIS Model Year: 1997
Date Purchased: 01-JAN-97 Dealer's Name and Telephone Number: FORD
Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: SUMMIT State: NJ Zip Code: 07901
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 034200 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 30-MAY-2006 Failure Mileage: 50000 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: DOTM1A9ABC036) 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: _____ Number of Deaths: _____ 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).

OT*: THE CONTACT STATED WHILE ATTEMPTING TO PARK THE VEHICLE THE BRAKES FAILED. THE BRAKE PEDAL WAS SPONGY AND HAD TO BE DEPRESSED TO THE FLOOR TO STOP THE VEHICLE WITHOUT INCIDENT. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP FOR INSPECTION. UPON INSPECTION IT WAS DETERMINED THE BRAKE LINES FRACTURED CAUSING THE BRAKE FLUID LEAKED OUT ONTO THE GROUND. THERE IS A NHTSA RECALL, # 05V086000, REGARDING THE SERVICE BRAKES, HOSES, LINES AND FITTINGS. THE VIN WAS NOT INCLUDED IN THE RECALL. THE MANUFACTURER WAS ALERTED.

Brake lines rusted

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.