



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

28-AUG-2006

Repository

Reference No.
10166704

OWNER INFORMATION (Type or Print)

Name

Address

City REVERE

State MA

Zip Co

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

9/5/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
2MEFN74V

Make
MERCURY

Model
GRAND MARQUIS

Model Year
2005

Date Purchased
27-JUL-06

Dealer's Name and Telephone Number
SENTRY LINCOLN MERCURY

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner

Dealer's City
MEDFORD

State
MA

Zip Code
02155

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
180000 VEHICLE SPEED CONTROL

Multiple Failure: 1 11 DIFFERENT OCCAS

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
26-AUG-2006

Failure Mileage
5500

Failure Speed
5

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: DOTM49ABC036)

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

NONE

Number of Deaths

NONE

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 BACKING OUT OF A PARKING SPACE AT 5 MPH, THE BRAKE PEDAL WAS DEPRESSED AND THE VEHICLE SURGED IN REVERSE. THE CONTACT SHIFTED INTO NEUTRAL, THE ENGINE REVVED, AND THE TACHOMETER ROSE QUICKLY. THE VEHICLE WAS TAKEN TO A SERVICE DEALER, WHERE THE DEALER WAS UNABLE TO DUPLICATE OR DETERMINE THE PROBLEM.

OTHER DATES OF CAR SCREENING IN FORWARD OR REVERSE -
8/10/05, 8/29/05, 9/24/05 (BLANK BOX INSTALLED, DROVE ~ 3
WEEKS WITHOUT INCIDENT) 11/2/05, 12/25/05, 1/23/06, 2/7/06,
3/10/06 (DATE OF ACCIDENT WHILE BACKING OUT OF PARKING SPACE)
6/25/06, 8/17/06 & 8/26/06.

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)

HAD IT BACK TO DEALER 3 TIMES, NOT ABLE TO DETERMINE PROBLEM. REPRESENTATIVE FROM FORD CORP. SAID IT WAS DRIVER ERROR - HE STATED WHEN YOU DEPRESSED THE BRAKE THE GAS ^{PEDAL} WAS ALSO DEPRESSED. I WAS TOLD THERE WERE A FEW OTHER CUSTOMERS WITH THE SAME PROBLEM. I'VE CALLED FORD EVERY TIME THE PROBLEM OCCURED SO IT WOULD BE DOCUMENTED. THEY TOLD ME THEY HAD NO WAY OF KNOWING IF OTHER DEALERSHIPS HAVE HAD THIS PROBLEM. IN 2 INCIDENTS I WAS ABLE TO STOP IN NEUTRAL AVOID HITTING A PEDESTRIANS.

ATTACH ADDITIONAL SHEETS, IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business: Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 7317/3 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAILING OFFICE OR ADDRESSEE



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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