

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration**Vehicle Owner's Questionnaire**

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

FOR AGENCY USE ONLY

Date Received

11-21-04

Repository

Reference No.

10170170

OWNER INFORMATION (Type or Print)

Name

Street No.

Apt. No.

City

State

Zip Code

St Petersburg

FL

Daytime Telephone Number

Evening Telephone Number

E-mail

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
in the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on YES NO

Signature of Owner

Date 11/08/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side

2MELM75W0X

Make

MERCURY

Model

GRAND MARQUIS

Year

1997

Current Mileage

Date Purchased

09-28-01

Dealer's Name and Telephone Number

AUTODATION

Dealer's City

CLEARWATER

State

FL

Zip Code

Engine:

No. Cylinders 8

Fuel Type:

 Diesel Hybrid
 Gas Other

Transmission Type

 Manual
 Automatic Antilock Brakes
 Cruise Control

Powertrain

 All-Wheel Drive
 Front-Wheel Drive Rear-Wheel Drive
 Four-Wheel Drive**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component Name

WINDOW REGULATOR

Incident Date(s)

Failure Mileage

Failure Speed

Failure Location

 Driver Passenger
 Front Rear**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make/Brand

Tire Model/Line

Tire Name

Tire Size (Example: P215/65R1105)

Failed Structure

 Tread Sidewall Bead

DOT No. (Example: DOT MAL9ABC036 on sidewall)

 Original Equipment
 Prior Repair

Failure Type:

 Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make

Date Manufactured

Model Number and Name

Seat type

 Infant Booster Integrated Convertible Other

Installed in Vehicle using the:

 Vehicle safety belt
 LATCH system*

Failed Part. Describe Failure Below

 Base Harness/Buckle LATCH Connector Shell Handle Other

*Vehicle info required

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

Police Report No.

N/A

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

Unable to move window to closed position took vehicle to JC Auto 6101 9th St South St Petersburg, 727 866-0044 The owner did not have to ask the make of the car on hearing the problem. He said he has had owners (at least 100) come in for the same repair.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882