



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

31-AUG-2007

Reference No.

10201339

PM 12:48

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City MAYWOOD

State NJ

Zip Code

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

Make

Model

Model Year

1MELM13P0W

MERCURY

TRACER

1997

Date Purchased
01-DEC-02

Dealer's Name and Telephone Number
Westview Auto Sales

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City
Criston

State
NJ

Zip Code
07020

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30-AUG-2007

Failure Mileage
171437

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: DOTM19ABC036)

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

1

0

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).

TL*THE CONTACT OWNS A 1997 MERCURY TRACER. WHILE DRIVING 5 MPH, THE AIR BAGS DEPLOYED WITHOUT WARNING. THE VEHICLE WAS NOT INVOLVED IN A CRASH. THE MANUFACTURER STATED THAT THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER 02V323000 (AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE). THE DRIVER SUSTAINED BRUISES TO HIS HANDS. THE VEHICLE WAS NOT TOWED. THE CURRENT AND FAILURE MILEAGES WERE 171,437.

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.