Form Approved: O.M.B. No. 2127-0008

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

2008 MAR -4 AM 8:24

FOR AGENCY USE ONLY 100381	
Date Received 01-FEB-2008	**Repository** ☐
	Reference No. 10217225

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City BOYTON BEACH	**State** FL	**Zip Code** [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	Make	Model	Model Year
2MELM74W8[redacted]	MERCURY	GRAND MARQUIS	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
16-AUG-97	PALM BEACH LINCOLN MERCURY			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City WEST PALM BEACH	State FL	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain UNKNOWN	180000 VEHICLE SPEED CONTROL Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-AUG-2007		0	

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: DOTMAL9ABC036)	☐ 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	0	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 GRAND MARQUIS. THE CONTACT RECEIVED A RECALL NOTICE FOR THE VEHICLE SPEED CONTROL. THE SWITCH WAS DISCONNECTED AT THAT TIME. HE IS REQUESTING THAT FORD GIVE HIM AN APPROXIMATE DATE AS TO WHEN THE PARTS WILL BE AVAILABLE. THERE HAD BEEN NO FAILURE TO DATE. THE POWERTRAIN AND RECALL NUMBER WERE UNKNOWN. THE CURRENT MILEAGE WAS 48,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY