



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

18-MAR-2008

2008 APR 16 AM 7:16

Repository

Reference No.
10221547

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	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 3/31/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1ME1M35PXV		Make MERCURY	Model TRACER	Model Year 1997
Date Purchased 13-MAY-01	Dealer's Name and Telephone Number Bluegrass Lincoln Mer. 318-845-5627		Engine: No: Cylinders 6	Fuel Type: Gas Reg unlead
Original Owner <input checked="" type="checkbox"/>	Dealer's City Louisville	State KY	Zip Code	
Transmission Type MANUAL	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 060000 ENGINE AND ENGINE COOLING	Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) NOV-2004	Failure Mileage 78000	Failure Speed 70	ENG SUTTON caught fire
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make NONE	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 70 MPH, THE VEHICLE LOST POWER AND THE CONTACT PULLED TO THE SIDE OF THE ROAD. HE LIFTED THE HOOD AND NOTICED FLAMES COMING FROM THE ENGINE. HE EXTINGUISHED THE FIRE AND HAD THE VEHICLE TOWED TO A JUNKYARD. THE CONTACT LATER SOLD THE VEHICLE TO THE JUNKYARD FOR \$100. THE DEALER STATED THAT BECAUSE HE NO LONGER OWNED THE VEHICLE, THEY COULD NOT INVESTIGATE THE FAILURE. THE FAILURE AND CURRENT MILEAGES WERE 78,000.

The Ford motor company had recently reported possible parts that may cause fire 4 years after my claim. My vehicle was mentioned

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)

I would only wish that Ford motor company would allow me some form of Resitution my vehicle was prittily Bran new I paid 250 00 monthly for five years and purchased the vehicle for 8,000 AND that amount also was Financed. I suggested to them posibly Another ued.

Louisville Kentucky

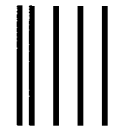
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

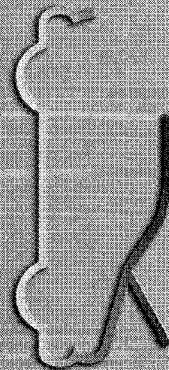
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



**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**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



3-31-08

[REDACTED]
Louisville Ky [REDACTED]

DEAR SIR, I Appreciate your help; however, I can not provide any documents regarding my vehicle around Oct 2004 I WAS driving my mercury TRACER Vin # 1MELM15PX [REDACTED] ON the Highway all of a sudden my vehicle lost pressure I pulled over to the side of the road, I lifted the hood up and the engine WAS Burning there WAS A fire on top of the cylinder and pluges I took off my shirt pored water ON my shirt and smother the fire there was no fire truck involved. nearly four years later Ford motor Company Reported certain vehicle fire hazzard my vehicle WAS one that WAS mention on the news Report at the time of my disaster I never gave it A thought to have the MAUFACTURE look at my vehicle BECAUSE it WAS PAID FOR and I only had liability INSURANCE ON the vehicle so I call the SAVAGE COMPANY to have the vehicle Removed.

Ford Motor Company has decline to help me with any form of compensation so I suggested that maybe they could give me another vehicle.

I paid over 30,000 Dollars for that vehicle I was the only ~~owner~~ owner and it had only 70,000 at the time the vehicle was 7 years old the first 5 years I was leasing the vehicle to purchase it I was only allow 6,000 miles a year for the first five years after the five years was up I gave 8,000 for the vehicle.

P.S. I waited a few month before I turned in the plates on the vehicle and the title also waited a few months before finalizing according to the paper work inside.



Office of the General Counsel
Product Claims

Ford Motor Company
PO Box 70
Dearborn, MI 48121-0070

March 13, 2008

[REDACTED]
Louisville, KY [REDACTED]

Ford Motor Company
Claims Department
P. O. Box 70
Dearborn, Michigan 48121-0070

RE: 1997 Tracer
VIN: 1MELM15PX [REDACTED]
Case: [REDACTED]

Dear [REDACTED]

This is in response to your contact with the Ford Customer Relationship Center on 3/6/2008 regarding fire to your vehicle in 2003.

Regretfully, we are unable to address any issues with this vehicle as you are no longer in possession and it has been junked. Based on this information, we propose no further action.

Thank you for the opportunity to review this concern.

Respectfully yours,

Steve Bardell
Product Claims
313-845-5627 fax 866-782-3280

Display Filter View Print Options Help

SDSF OUTPUT DISPLAY DTI656R2 JOB31188 DSID 234 LINE 0 COLUMNS 02- 81
COMMAND INPUT ==> SCROLL ==> HALF

***** TOP OF DATA *****

PROGRAM: DT052KK KENTUCKY DEPARTMENT OF VEHICLE REGU
REPORT: R1429 ARCHIVED VEHICLE INFORMATION

VEHICLE DESCRIPTION FOR: 1MELM15PXV [REDACTED]
DATE ARCHIVED: 02-00-2008 VEHICLE TYPE: PASSENGER AUTO BODY S
YEAR MODEL: 97 COLOR: WHI NUM CYL: 04 EMPTY WGT: 00000 ODOM
LAST TITLE NUMBER: [REDACTED] CERTIFICATION: CORRECT MATCH

TITLE INFORMATION:

TITLE NO: [REDACTED] TYPE: DUPLICATE ISSUED: 03/23/05 STATUS:
USAGE VALUE: 5619.98 TAX: 337.20 U-TAX EXCP: ODOM: 473
RMK-01: DUPLICATE RMK-05: KY-CLERK SURRENDERED
OWNER-1 NAME: [REDACTED] ADDRESS: [REDACTED]
CITY: LOUISVILLE STATE: KY ZIP: [REDACTED]
OWNER-2 NAME: [REDACTED] SSN: - -
PRIOR OUT OF STATE TITLE: STATE:

TITLE INFORMATION:

TITLE NO: [REDACTED] TYPE: TRANSFER ISSUED: 07/17/03 STATUS:
USAGE VALUE: 5619.98 TAX: 337.20 U-TAX EXCP: AF ODOM: 473
RMK-01: NO LIEN TRANSFER RMK-05:
OWNER-1 NAME: [REDACTED] ADDRESS: [REDACTED]
CITY: LOUISVILLE STATE: KY ZIP: [REDACTED]
OWNER-2 NAME: [REDACTED] SSN: - -
PRIOR OUT OF STATE TITLE: STATE:

TITLE INFORMATION:

TITLE NO: [REDACTED] TYPE: DUPLICATE ISSUED: 06/21/02 STATUS:
F1=HELP F2=SPLIT F3=END F4=RETURN F5=IFIND F6=BOOK
F7=UP F8=DOWN F9=SWAP F10=LEFT F11=RIGHT F12=RETRIEVE



Display Filter View Print Options Help

SDSF OUTPUT DISPLAY DTI656R2 JOB31188 DSID 234 LINE 0 COLUMNS 42- 121
 COMMAND INPUT ==> SCROLL ==> HALF


***** TOP OF DATA *****
 KENTUCKY DEPARTMENT OF VEHICLE REGULATION PAGE
 ARCHIVED VEHICLE INFORMATION DATE

15PXVW6
 VEHICLE TYPE: PASSENGER AUTO BODY STYLE: 4D MAKE: MERC MODEL: TRACER
 NUM CYL: 04 EMPTY WGT: 00000 ODOM BRAND:
 0854 CERTIFICATION: CORRECT MATCH

E: DUPLICATE ISSUED: 03/23/05 STATUS: SURREND. STATUS DATE: 05/06/05
 X: 337.20 U-TAX EXCP: ODOM: 47385 TITLE REEL: T115 BLIP: 2473
 RMK-05: KY-CLERK SURRENDERED TITLAPPL REEL: 0159 BLIP: 0718
 ADDRESS: SSN:
 SVILLE STATE: KY ZIP: COUNTY OF RES: JEFF
 SSN:
 STATE:

E: TRANSFER ISSUED: 07/17/03 STATUS: SURREND. STATUS DATE: 03/23/05
 X: 337.20 U-TAX EXCP: AF ODOM: 47385 TITLE REEL: T294 BLIP: 2860
 RMK-05: APPL REEL: 0378 BLIP: 0122
 ADDRESS: SSN:
 SVILLE STATE: KY ZIP: COUNTY OF RES: JEFF
 SSN:
 STATE:

E: DUPLICATE ISSUED: 06/21/02 STATUS: SURREND. STATUS DATE: 06/26/03
 F1=HELP F2=SPLIT F3=END F4=RETURN F5=IFIND F6=BOOK
 F7=UP F8=DOWN F9=SWAP F10=LEFT F11=RIGHT F12=RETRIEVE

PAYMT. MONTH/NO.	NO.	ACCOUNT NUMBER	AMOUNT DUE	DUE DATE	
FEB #39	39		231.56	FEB 15-00	
DATE	MAIL TO:		LATE PAYMENT	IF RECEIVED AFTER	ENTER AMOUNT OF PAYMENT
AMOUNT PAID	NBD LEASING		246.56	FEB 25-00	
\$	LEASE PAYMENT CENTER		MAIL PAYMENTS IN ADVANCE OF DUE DATE TO AVOID UNNECESSARY AND COSTLY LATE CHARGES.		\$
CHECK NO.	DEPARTMENT 771102				
	DETROIT MI 48277-1102				

This is ONE of the payment statement