



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

26-MAR-2008

Repository

Reference No.
10222406

2008 APR 21 PM 1:15

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City REHOBOTH BEACH

State DE

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 [REDACTED] Date 4/1/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1MELM66L38 [REDACTED]

Make
MERCURY

Model
MYSTIQUE

Model Year
1995

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
MANUAL

Antilock Brakes
 Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code

071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
07-MAR-2008

Failure Mileage

Failure Speed

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: DOTM9ABC036)

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

0

Number of Deaths

0

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).

TL*THE CONTACT OWNS A 1995 MERCURY MYSTIQUE. WHILE ADDING FUEL TO THE VEHICLE, SHE WAS NOTIFIED THAT THERE WAS A GAS LEAK. THE DEALER STATED THAT THE PART WAS NO LONGER MADE AND THEY WERE UNABLE TO ASSIST HER. THE DEALER IS AWARE OF RECALL, 95V232000 - FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER PIPE AND CAP. SHE WAS ALSO ADVISED THAT IT DID NOT APPLY TO HER VEHICLE IDENTIFICATION NUMBER. THE CURRENT AND FAILURE MILEAGES, PURCHASE DATE, AND THE VIN WERE NOT AVAILABLE.

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 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.