



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 <input type="checkbox"/>
17-JUN-2009	Reference No. 10274109

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City CHERY HILL	State NJ	Zip Code

Do you authorize NHTSA to provide a copy of this information to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 7/4/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4M2DU55P3VL	Make MERCURY	Model MOUNTAINEER	Model Year 1997
Date Purchased 05/09/00	Dealer's Name and Telephone Number Holman Mercury Maple Shade NJ		Engine: No. Cylinders 8
Original Owner <input type="checkbox"/>	Dealer's City Maple Shade	State NJ	Zip Code
Transmission Type auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain AWD	Multiple Failure: Incident Date(s) 16-JUN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM	Failure Mileage 125000	Failure Speed 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: DOTM9ABC036)	<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 Y
--	---	--------------------------------	-----------------------	-------------------------

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 MOUNTAINEER. THE VEHICLE CAUGHT FIRE WHILE PARKED AND WITHOUT WARNING. THE VEHICLE WAS COMPLETELY DESTROYED AND A FIRE REPORT WAS FILED. THE CONTACT HAS PICTURES OF THE FAILURE. THE CAUSE OF THE FAILURE HAS NOT BEEN DETERMINED; HOWEVER, A FIREFIGHTER SPECULATED THAT IT MAY HAVE BEEN DUE TO ELECTRICAL FAILURE. THE FAILURE AND CURRENT MILEAGES WERE 125,000.

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.