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

FOR AGENCY USE ONLY 100148

Date Received	Repository
NOV 17 2010 13-MAY-2010	☐
Reference No. 10330290	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City BEAVERCREEK **State** OH **Zip Code** [redacted]		

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2MRDA20244B[redacted]	MERCURY	MONTEREY	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
8/04	Mathews Ford / Mercury			No: Cylinders	
Original Owner ☒	Dealer's City Marion	State OH	Zip Code 43302	6	Unleaded

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control			12-MAY-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 350000 EQUIPMENT, 354100 EQUIPMENT: MECHANICAL: JACKS	Failure Mileage	Failure Speed
	117000	65

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			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 2004 MERCURY MONTEREY. THE CONTACT STATED THAT WHILE DRIVING AT 65 MPH, THE LOWER PRESSURE WARNING LIGHT FOR THE TIRES FLASHED ON THE INSTRUMENT PANEL. THE CONTACT PULLED OVER TO CHECK THE FRONT DRIVER SIDE TIRE AND ATTEMPTED TO ADD AIR BUT THE AIR WAS RELEASED AS IT WAS ADDED. WHEN THE CONTACT TRIED TO CHANGE THE TIRE WITH THE MANUFACTURER JACK, THE JACK BEGAN TO BEND AND SHIFT TO LEFT WHICH CAUSED THE VEHICLE TO FALL OFF THE JACK. HOWEVER, THERE WAS NO DAMAGE TO THE VEHICLE. THE CONTACT CALLED THE MANUFACTURER AND WAS TOLD THAT THEY COULD NOT ASSIST HER AS THE VEHICLE WAS NO LONGER UNDER WARRANTY. THE CONTACT BELIEVED THAT THE JACK WAS FAULTY AND NOT DESIGNED TO HOLD THE WEIGHT OF THE VEHICLE. THE FAILURE MILEAGE WAS APPROXIMATELY 117,000.
UPDATED 11/03/10. *LJ

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

When the van fell due to jack failure, we were very lucky no one was injured, as we believe it is very likely that someone could be injured with this type of failure. Both myself and the person assisting saw the jack/van starting to shift and jumped out of the way. My handicapped son was in the van asleep and he could have been injured as well. We were on flat ground at a gas station, but this would have been much worse if on the highway and uneven pull off area.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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

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