



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  
 Feb 17 2011  
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**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
 Address [Redacted]  
 City AROMAS State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
 Evening Telephone Number SAME

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  
**1 MELM58SXTG [Redacted]** Make MERCURY Model SABLE Model Year 1996  
 Date Purchased **1999** Dealer's Name and Telephone Number **ANDERSON CHEVROLET** Engine: Fuel Type:  
**11/27/2009** (**gone out of business**)  
 Original Owner  Dealer's City **20955 Stevens Creek Blvd** State **CA** Zip Code  
**Cupertino, CA**  
 Transmission Type  Antilock Brakes Powertrain Multiple Failure: Incident Date(s)  
 Cruise Control **15 FEB-2011**

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 140000 AIR BAGS, 150000 SEAT BELTS Failure Mileage 166000 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: DOTM19ABC036)  Original Equipment Failure Location:  
 Prior Repair  
 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 1 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 1996 MERCURY SABLE. THE CONTACT STATED THAT WHILE SITTING ON THE PASSENGER SEAT, HE WAS INVOLVED IN AN ACCIDENT. HE MENTIONED THAT ALTHOUGH HE WAS PROPERLY WEARING THE SEAT BELT AND THE AIRBAG DEPLOYED, IT FAILED TO PROTECT HIM. HE MENTIONED THAT HIS HEAD AND RIGHT HAND HIT INTO THE WINDSHIELD AND SHATTERED IT. HE ALSO SUFFERED A CONCUSSION AND INJURIES TO HIS KNEES. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT CONTACTED. THE VEHICLE WAS NOT REPAIRED. THE VIN WAS UNAVAILABLE. THE FAILURE AND CURRENT MILEAGES WERE 166,000.

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.