


INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received AUG 29 2011 05-JUL-2011	Repository <input type="checkbox"/> Reference No. 10410491
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City TAYLOR	State MI	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 2MRDA20234E [REDACTED]		Make MERCURY	Model MONTEREY
		Model Year 2004	
Date Purchased	Dealer's Name and Telephone Number Southgate Lincoln Mercury		Engine: 4.2 No: Cylinders 6
Fuel Type:	Original Owner <input checked="" type="checkbox"/>	Dealer's City Southgate	State MI Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
		Incident Date(s) 04-JUL-2011	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 160000 STRUCTURE		Failure Mileage 120000	Failure Speed 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: DOTM4L9ABC036)	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2004 MERCURY MONTEREY. THE CONTACT STATED WHILE DRIVING 60 MPH THE REAR WHEEL WELL THAT SECURED THE REAR SEAT WAS COVERED WITH RUST AND BROKE AWAY. THE VEHICLE WILL BE TAKEN TO THE DEALER TO BE REPAIRED. THE MANUFACTURER WAS CONTACTED AND A CLAIM WAS FILED. THEY OFFERED NO ADDITIONAL ASSISTANCE. THE FAILURE MILEAGE WAS 123,000.			
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.			

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

ENCLOSED YOU WILL FIND A WRITTEN ESTIMATE FOR THE REPAIR TO BE COMPLETED BEFORE I CAN SAFELY USE THE BACK SEAT. YOU WILL SEE THAT IT IS VERY EXPENSIVE AND I FEEL THAT THE VEHICLE IS IN VERY GOOD SHAPE - LOOKS NEW, WELL TAKEN CARE OF AND FOR THIS TO HAPPEN IS UNACCEPTABLE! I HOPE YOU FEEL THE SAME WAY AND CAN OFFER ME SOME FINANCIAL ASSISTANCE. I HAVE EXAMINED THE OTHER SIDE AND IT DOESN'T LOOK GOOD EITHER BUT AT LEAST IT STILL IS INTACT. PLEASE CONSIDER THAT THE WARRANTY IS JUST OUT OF DATE BY ONE YEAR AND HAS LOW MILEAGE. ATTACH ADDITIONAL SHEETS IF NECESSARY

THANK YOU FOR YOUR CONSIDERATION.



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 Avenue SE.
Washington, D.C. 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



Date: 7/7/2011 02:00 PM
 Estimate ID: 11589
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

Rony's Body Shop

11650 ALLEN RD., TAYLOR, MI 48180
 (734) 287-3910
 Fax: (734) 287-6109
 Tax ID: 38-2291265 BAR #: F119284

Damage Assessed By: ROBERT ATTARD

Type of Loss: Other
 Deductible: NONE
 Route VIR: N
 Claim Number: [REDACTED]

Insured: [REDACTED]
 Owner: [REDACTED]
 Telephone: Home Phone: [REDACTED]

Mitchell Service: 910173

Description: 2004 Mercury Monterey Premier
 Body Style: 4D Van Drive Train: 4.2L Inj 6 Cyl FWD
 VIN: 2MRDA20234B Search Code: B216932
 OEM/ALT: A
 Options: POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING, CRUISE CONTROL
 TILT STEERING COLUMN, POWER PASSENGER SEAT, ANTI-LOCK BRAKE SYS.
 TRACTION CONTROL, ALUM/ALLOY WHEELS, LEATHER STEERING WHEEL, TINTED GLASS
 AUTO AIR CONDITION, TRIP COMPUTER, THIRD ROW BENCH SEAT
 UNIVERSAL GARAGE DOOR OPENER, ANTI-THEFT SYSTEM, AUTOMATIC HEADLIGHTS
 INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR
 DUAL POWER SLIDING DOORS, AM/FM STEREO CD CHANGER WITH PREMIUM SOUND
 DRIVER HEATED MEMORY SEAT, ELECTRONIC PARKING AID, ELECTRONIC STABILITY CONTROL
 EXTERIOR MEMORY MIRRORS, FRONT HEATED/COOLED POWER SEATS, KEYLESS ENTRY SYSTEM
 POWER DISC BRAKES, POWER HEATED EXTERIOR MIRRORS, REAR AC & HEATER
 REAR AUDIO CONTROLS, REAR WINDOW WIPER, SECOND ROW FOLDING BUCKET SEATS
 STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
<u>Van Side Panel</u>							
1	001121	BDY	REMOVE/REPLACE	L Inr Quarter Wheelhouse Panel -S	3F2Z 1727887 AA	352.10	6.5*
2	001124	BDY	REMOVE/INSTALL	L Frt Quarter Splash Shield	Existing		0.3 r
3	001125	BDY	REMOVE/INSTALL	L Rear Quarter Splash Shield	Existing		0.3 r
4	001191	BDY	REMOVE/INSTALL	R Quarter Side Trim Panel	Existing		0.8*
<u>MANUAL ENTRIES</u>							
5	900500	BDY *	REMOVE/REPLACE	CAULK & SEALANT	New	10.00 *	0.3*
<u>ADDITIONAL OPERATIONS</u>							
6	933005	BDY	ADD'L OPR	RESTORE CORROSION PROTECTION		3.00 *	0.2*

* - Judgment Item
 r - CEG R&R Time Used For This Labor Operation

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	8.4	40.00	3.00	0.00	339.00	Taxable Parts	362.10
						Sales Tax @ 6.000%	21.73
						Total Replacement Parts Amount	383.83
Non-Taxable Labor					339.00		
Labor Summary	8.4				339.00		
III. Additional Costs					Amount	IV. Adjustments	Amount
Total Additional Costs					0.00	Insurance Deductible	0.00
						Customer Responsibility	0.00
						I. Total Labor:	339.00
						II. Total Replacement Parts:	383.83
						III. Total Additional Costs:	0.00
						Gross Total:	722.83
						IV. Total Adjustments:	0.00
						Net Total:	722.83

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Insurance Co: NONE

I HEREBY AUTHORIZE THE ABOVE REPAIRS AND ACKNOWLEDGE RECIEPT OF COPY

X _____ DATE _____
 [WE DO NOT ACCEPT PERSONAL CHECKS]

WE ACCEPT MASTERCARD, VISA, DISCOVER & AMERICAN EXPRESS CARDS
 FOR YOUR CONVENIENCE.

OVER 40 YEARS IN BUSINESS AND ARE FAMILY OWNED AND OPERATED.

REPAIR TECHNICIAN X _____ LISC# _____

I CERTIFY THAT ALL REPAIRS AND PARTS WERE FURNISHED IN
 COMPLIANCE WITH THE MICHIGAN AUTO REPAIR ACT 300.

X _____

"THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF AFTERMARKET
 CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR
 VEHICLE. WARRANTIES THAT APPLY TO THESE REPLACEMENT PARTS ARE PROVIDED
 BY THE MANUFACTURER, DISTRIBUTOR, OR INSURER OF THESE PARTS."

Taylor, MI

METROPLEX MI 480

03 AUG 2011 PM 3 1



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION NVS-210
1200 NEW JERSEY AVENUE SE
WASHINGTON, D.C. ~~20007~~ 20077-9382

200779382

