



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 14 2012**
23-JAN-2012
Repository
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OWNER INFORMATION (Type or Print)

Name [Redacted] Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Address [Redacted] Evening Telephone Number **same**
City **FAIRDALE** State **KY** 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
2MEHM75W44X [Redacted] Make **MERCURY** Model **GRAND MARQUIS LS** Model Year **2004**
Date Purchased **7-16-2004** Dealer's Name and Telephone Number **Metropolitan Lincoln Mercury** Engine: **4.6L OHV** Fuel Type: **Req. gas**
Original Owner Dealer's City **LOUISVILLE** State **KY** Zip Code **40219** No. Cylinders **SEPT V8 engine**
Transmission Type **ELECTRONIC AUTO O/D T-3A03** Antilock Brakes Powertrain Multiple Failure: **Headlights stopped ILLUMINATED** Incident Date(s) **16-JAN-2012**
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **120000 EXTERIOR LIGHTING** Failure Mileage **51000** Failure Speed **5**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTM9ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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 [Redacted] Number of Deaths [Redacted] 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 GRAND MARQUIS. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 5 MPH, THE HEADLIGHTS STOPPED ILLUMINATING. THE CONTACT HAD TO CONSTANTLY HOLD THE HEADLIGHT SWITCH TO KEEP THE HEADLIGHTS ILLUMINATED. THE VEHICLE HAD NOT BEEN INSPECTED BY A DEALER NOR HAD IT BEEN REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS APPROXIMATELY 51,000. THE VIN WAS UNAVAILABLE.

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.