


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>Date Received <b>JUL 18 2012</b> 25-APR-2012</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10456487</p>			
<p><b>OWNER INFORMATION (Type or Print)</b></p>					
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>		<p>E-mail Address [REDACTED]</p>	
<p>Address [REDACTED]</p>		<p>Evening Telephone Number <b>SAME</b></p>			
<p>City MUSKEGO</p>	<p>State WI</p>	<p>Zip Code [REDACTED]</p>			
<p>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).</p>					
<p><b>VEHICLE INFORMATION</b></p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side <b>2MEFM74W85X [REDACTED]</b></p>		<p>Make MERCURY</p>	<p>Model GRAND MARQUIS</p>	<p>Model Year 2005</p>	
<p>Date Purchased <b>11-28-2011</b></p>	<p>Dealer's Name and Telephone Number <b>Hiller Ford 1-414-425-1000</b></p>		<p>Engine: No. Cylinders <b>8</b></p>	<p>Fuel Type: <b>Unleaded</b></p>	
<p>Original Owner <input type="checkbox"/></p>	<p>Dealer's City <b>Franklin, Wisconsin</b></p>	<p>State <b>WI</b></p>	<p>Zip Code <b>53132</b></p>		
<p>Transmission Type <b>Automatic</b></p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain <b>Automatic</b> <b>Rear Wheel Drive</b></p>	<p>Multiple Failure:</p>	<p>Incident Date(s) 23-APR-2012</p>	
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
<p>Vehicle Component Code: 120000 EXTERIOR LIGHTING</p>			<p>Failure Mileage 38000</p>	<p>Failure Speed 35</p>	
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>					
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>		
<p>DOT No. (Example: DOTM19ABC036)</p>	<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>			
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p><b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Deaths</p>	<p>Reported to Police N</p>	
<p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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).</p>					
<p>TL* THE CONTACT OWNS A 2005 MERCURY GRAND MARQUIS. THE CONTACT STATED THAT THE HEADLIGHTS STOPPED ILLUMINATING WHILE DRIVING APPROXIMATELY 35 MPH. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR A DIAGNOSTIC TEST. THE MECHANIC STATED THAT THE HEADLIGHT SWITCH WOULD HAVE TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND STATED THAT THE PART WAS NOT IN STOCK. THE VEHICLE WAS NOT REPAIRED. THE VIN WAS NOT AVAILABLE. THE APPROXIMATE FAILURE MILEAGE WAS 38,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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 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.</p>					

6/20/2012

To Whom It May Concern,

My wife was driving our Mercury Marquis home from work in early April of 2012 at or around 1:00 a.m., when the headlights went out completely while traveling 35-40 MPH. It was pure luck she wasn't on the interstate at 65 MPH where she could have been in a really bad accident, killed, or accidentally caused someone else to be killed. She was lucky to be traveling at 35 MPH or so. She was able to stop the car without hitting anyone or anything and by putting the emergency flashers was then able to see the edge of the road and pull off onto the gravel shoulder. I am asking that the D.O.T. hold Ford Motor Company liable for my repairs in full and cite them for a recall on this part (lamp control module 59100925).

Regards,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
Muskego, WI  
[REDACTED]

**Fickau Service Center**

S8880 W229 Clark St  
Big Bend, WI. 53103  
Phone - 262-662-3301

INVOICE

**30065**

WE APPRECIATE YOUR BUSINESS

**INVOICE**

Print Date : 04/30/2012

2005 Mercury - Grand Marquis LS

4.6L, V8, VIN (W)

Lic # : [REDACTED]

Odometer In : 37243

Unit # :

Vin # : 2MEFM74W85X [REDACTED]

Hat # :

Ref # :

Home [REDACTED]

Cust ID : 1609

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
LAMP CONTROL MODULE				diagnostics & labor	72.00
59100925	1.00	425.00	425.00		
Shop Supplies		14.91	14.91		

[ Technicians : 2, PF ]

Org. Estimate \$538.02    Revisions \$0.00    Current Estimate \$ 538.02    Additional Cost    Revised Estimate

<b>Labor:</b>	<b>\$72.00</b>
<b>Parts:</b>	<b>\$439.91</b>
<b>Sublet:</b>	<b>\$0.00</b>
<b>Sub:</b>	<b>\$511.91</b>
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<b>Tax:</b>	<b>\$26.11</b>
<b>Total:</b>	<b>\$538.02</b>
<b>Bal Due:</b>	<b>\$0.00</b>

*Paid 4/30/2012*  
*Check # [REDACTED]*

[ Payments - Check - \$538.02 ]

<p><b>Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911</b></p>	<p><input type="checkbox"/> This vehicle received without face to face customer contact.</p> <p>Shop Representative _____</p>	<p>YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAYBE LESS THAT THE ESTIAMTE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.</p> <p>1. I request an estimate in writing before you begin repair _____</p> <p>2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____</p> <p>3. I do not want an estimate _____</p> <p>Do you want the replaced parts you are entitled to? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Payment will be made by <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Card Charge</p> <p>Call when vehicle is ready <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Having authority to do so I hereby order the above products and services, parts and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.</p> <p>Customer Sign: _____</p> <p>Date: <u>4/30/2012</u></p>		

✓ Track Your Expenses ...

- Mortgage / Rent
- Gas / Electric
- Telephone
- Food
- Clothing
- Transportation
- Credit Card
- Taxes
- Insurance (Life, Home, Auto)
- Home Improvement (Maintenance, Repairs)
- Entertainment & Travel
- Medical / Dental
- Dependent Care
- Savings & Investment
- Other \_\_\_\_\_

DO NOT USE FOR REORDERING

TAX DEDUCTIBLE ITEM →

4/30/12

*Kuchan Service Center*  
*Five hundred thirty eight and 02/100*

... Here's How:

- Carry balance forward
- Check type of expense
- Add details on memo line
- Retain duplicates in Deluxe Check box

Memo 05

BAL. FOR'D	
THIS PAYMENT	<u>538 02</u>
BALANCE	<u>100</u>
OTHER	
BAL. FOR'D	

NOT NEGOTIABLE