


SEE NAME CORRECTION

 DOT Auto Safety Hotline U.S. Department of Transportation 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: 15-MAY-2012 JUL 10 2012 Repository <input type="checkbox"/> Reference No. 10458519	
OWNER INFORMATION (Type or Print)			
Name: [REDACTED] Address: [REDACTED] City: DEKALB State: IL Zip Code: [REDACTED]		Daytime Telephone Number: [REDACTED] Evening Telephone Number: [REDACTED] E-mail Address: [REDACTED]	
<i>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).</i>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2MEFM75W75X [REDACTED]		Make: MERCURY	Model: GRAND MARQUIS Model Year: 2005
Date Purchased: 10 JUNE 2009	Dealer's Name and Telephone Number: MIKE MOONEY CHEVROLET 756-6 (815)		Engine: No: Cylinders: 8 Fuel Type: GASOLINE
Original Owner: <input type="checkbox"/>	Dealer's City: DEKALB State: IL Zip Code: 60115	Multiple Failure: N/A Incident Date(s): 17-APR-2012	
Transmission Type: AUTOMATIC <input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain: REAR WHEEL DRIVE		Incident Date(s): 17-APR-2012
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: LIGHTING (PWS) MODULE (LCM)		THROUGH LIGHTING CONTROL	Failure Mileage: 76000 Failure Speed: ϕ
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: DOTM19ABC036): [REDACTED]	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <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 2005 MERCURY GRAND MARQUIS. WHILE THE VEHICLE WAS PARKED, THE HEADLIGHTS FAILED INTERMITTENTLY. THE DEALER AND MANUFACTURER WERE NOT NOTIFIED OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS 76,000 AND THE CURRENT MILEAGE WAS UNKNOWN. FAILURE WAS ON EIGHT OCCASIONS AFTER THE VEHICLE HAD BEEN PARKED. ON THREE OCCASIONS IN BETWEEN, LIGHTS ENGAGED PROPERLY. PROBLEM IS, THEREFORE, INTERMITTENT.			
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.			

DEKALB, GA

STAMP: JASON M. STREAN
27 JUN 2012 PM 5:2



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National Highway Traffic Safety Administration
Office of Defects Investigation - NVS-210
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