

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 31-MAY-2013 JUL 15 2013		Repository ☐ Reference No. 10514450	
OWNER INFORMATION (Type or Print)							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City		State		Zip Code			
CHAYANNE		WY					
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				Make		Model	
3MEHMOJG1BR				MERCURY		MILAN	
Date Purchased		Dealer's Name and Telephone Number				Model Year	
						2011	
Original Owner		Dealer's City		State		Zip Code	
☐							
Transmission Type		Powertrain		Multiple Failure:		Incident Date(s)	
☐ Antilock Brakes ☐ Cruise Control						22-MAY-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Codes: BRAKES (PWS), 125000 EXTERIOR LIGHTING: BRAKE LIGHTS						Failure Mileage	
						48000	
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: DOTM49ABC036)		☐ Original Equipment ☐ 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 ☐ Yes ☒ No		Fire ☐ Yes ☒ 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 2011 MERCURY MILAN. THE CONTACT STATED THAT THE PASSENGER BRAKE LIGHT REMAINED ILLUMINATED WHEN THE BRAKE PEDAL WAS NOT DEPRESSED AND LEFT BRAKE LIGHT FAILED INTERMITTENTLY. THE CONTACT REPAIRED THE BRAKE LIGHT MOUNTING UNIT. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE AND CURRENT MILEAGE WAS 48,000.							
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.							