

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT (1-888-327-4236)</p> <p>INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148	
		Date Received 14-JUN-2013 JUL 22 2013		Repository <input type="checkbox"/> Reference No. 10519812	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name		Address		E-mail Address	
City EDISON		State NJ		Evening Telephone Number	
<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>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2MEHM75W15X		Make MERCURY		Model Year 2005	
Date Purchased 3-22-05		Dealer's Name and Telephone Number Thomas Lincoln Mercury, Inc.		Engine: No: Cylinders	
Original Owner <input type="checkbox"/>		Dealer's City Westfield		State NJ	
Transmission Type 4 mtr		Antilock Brakes <input type="checkbox"/>		Cruise Control <input type="checkbox"/>	
Powertrain		Multiple Failure:		Incident Date(s) 14-JUN-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 100000 POWER TRAIN				Failure Mileage 98090	
				Failure Speed 20	
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: DOTM9ABC036)		<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 14	
<p>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).</p> <p>TL* THE CONTACT OWNS A 2005 MERCURY GRAND MARQUIS. THE CONTACT STATED THAT WHILE DRIVING 20 MPH, THE VEHICLE STALLED AND WOULD NOT ACCELERATE. THE CONTACT STATED THAT THE TRANSMISSION WAS DEFECTIVE BUT THE VEHICLE HAD NOT BEEN DIAGNOSED BY AN AUTHORIZED DEALER OR A CERTIFIED MECHANIC. THE FAILURE MILEAGE WAS 98,090.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. 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>					