 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 19-MAY-2014	Repository <input type="checkbox"/> Reference No. 10592375
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name				E-mail Address	
Address				Evening Telephone Number	
City MELBOURNE		State FL	Zip Code		
<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 2MEFM75W64X			Make MERCURY	Model GRAND MARQUIS	Model Year 2004
Date Purchased 6/04	Dealer's Name and Telephone Number OSMAN LING. MERK.			Engine: No: Cylinders 8	Fuel Type: GAS
Original Owner <input checked="" type="checkbox"/>	Dealer's City MELBOURNE	State FL	Zip Code 32935		
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain RWD	Multiple Failure:	Incident Date(s) 05-OCT-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: ENGINE (PWS), 063200 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM: MANIFOLD/HEADER/MUFFLER/TAIL PIPE				Failure Mileage 85000	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: DOTM19ABC036)		<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					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
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 2004 MERCURY GRAND MARQUIS. THE CONTACT NOTICED THAT THE VEHICLE CONTINUOUSLY LEAKED COOLANT. THE VEHICLE WAS TOWED TO THE DEALER WHERE THEY STATED THAT THE INTAKE MANIFOLD NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED, BUT DID NOT DISCLOSE THAT THE PART WAS MODIFIED FROM PLASTIC TO METAL. THE CONTACT EXPERIENCED MULTIPLE LEAKS BEFORE THE PART WAS MODIFIED TO METAL. THE APPROXIMATE FAILURE MILEAGE WAS 85,000.					
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 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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

IN 2004 FORD CHANGED THEIR INTAKE MANIFOLD TO A METAL ONE. BECAUSE OF PAST COOLENT LEAKS THEY CHANGED FROM PLASTIC TO METAL WHEN FORD MAKES A CHANGE THEY USE THE OLD PARTS UP FIRST. I HAVE THE OLD STYLE PLASTIC INTAKE WITH LEAKED. IN THE PAST FORD WOULD FIX THE PROBLEM AT THEIR COST. BUT BEACUSE OF A U.I.W. NUMBER I HAD TO PAY OUT OF MY POCKET. I FEEL THIS IS UNFAIR. I HAVE ENCLOSED THE BILL FROM A FORD DEALER TO FIX THIS PROBLEM.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

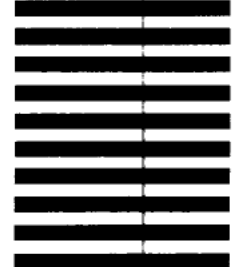
National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236



Vehicle Owners Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



CUSTOMER #: 65754

296258

KELLY FORD, INC.

776 S. MAGNOLIA AVE.
MELBOURNE, FL 32935
(321) 254-4283

INVOICE

MELBOURNE, FL

PAGE 1

HOME: [REDACTED] CONT:N/A

BUS: [REDACTED] CELL:

SERVICE ADVISOR: 1400 JUDY P DALY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLACK	04	MERCURY GRAND MARQUI	2MEFM75W64X		88572/88572	T3008	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN04 DD			14:00 24AUG13			CASH	28AUG13

R.O. OPENED READY OPTIONS: ENG:4.6_Liter_SOHC

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CHECK FOR SOME TYPE OF FLUID LEAKING , ADVISE WITH ESTIMATE

DIAG NECESSARY TO REPLACE INTAKE MANIFOLD

401	C	5.00				475.00	475.00
1	3W7Z*9424*AE	MANIFOLD ASY - INLET			562.93	499.95	499.95
2	4C2Z*9439*CC	GASKET - INTAKE MANIFOLD			32.23	32.23	64.46
1	FOPZ*9229*A	KIT - "O" RING			6.99	4.99	4.99
1	VC*7*B	ANTI-FREEZE			18.38	18.38	18.38
1	F1VY*8255*A	SEAL - THERMOSTAT			9.97	9.97	9.97

FOUND COOLANT LEAKING FROM BROKEN INTAKE AT THERMOSTAT CROSSOVER TUBE. REPLACED INTAKE MANIFOLD. ROADTEST AND RETEST. EVERYTHING GOOD.

B MULTI POINT VEHICLE INSPECTION AS PER SHEET ATTACHED

MULTI MULTI POINT VEHICLE INSPECTION AS PER SHEET ATTACHED

401	C	0.00				0.00	0.00
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GTIRE TIRES INSPECTED AND REQUIRE NO ACTION AT THIS TIME

401	C	0.00				0.00	0.00
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GBATT BATTERY INSPECTED AND REQUIRES NO ATTENTION AT THIS TIME

401	C	0.00				0.00	0.00
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SUBL TOW BILL PO#51151

PO#296258

C						65.00	65.00
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WARRANTY DISCLAIMER ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

***SHOP SUPPLY COSTS:** We have added a charge equal to 10% of the total cost of labor and parts, not to exceed \$35.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state [s.403.7185].

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	475.00
PARTS AMOUNT	597.75
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	65.00
MISC. CHARGES *	0.00
TOTAL CHARGES	1137.75
LESS INSURANCE	0.00
SALES TAX	68.27
PLEASE PAY THIS AMOUNT	1206.02

CUSTOMER COPY

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.