U.S. Department of Transportation
National Highway Traffic Safety Administration

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	Repository ☐
18-JUN-2015 JUL 21 2015	Reference No. 10726079

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City SALISBURY	State MD	Zip Cod [redacted]	Evening Telephone Number

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	Model Year
1MEFM55S05A[redacted]	MERCURY	SABLE	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.0L No: Cylinders 6	Fuel Type: gasoline
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
automatic	☑ Antilock Brakes ☑ Cruise Control	front wheel drive		18-JUN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	142780	15

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 SABLE. WHILE DRIVING AT APPROXIMATELY 5 MPH AND MAKING A RIGHT TURN, THE VEHICLE EXPERIENCED UNINTENDED ACCELERATION WITHOUT WARNING. THE BRAKE PEDAL WAS DEPRESSED, BUT FAILED TO STOP THE VEHICLE. ~~THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE.~~ THE FAILURE MILEAGE WAS 142,780.

Owner reported incident to Ford on date it occured. Ford rep asked for vehicle to be towed to nearest dealership at Ford's expense. Ford regional customer service manager (Zachary - 866-631-3788 x 77700) said Ford would not pay for any inspection or repair, nor had a suggested fix. Dealer diagnostics found nothing. Owner gave dealer a copy of Ford's instructions from its 2000-2003 Taurus/Sable recall and had dealer replace cruise control/throttle cable, at owner's expense.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY