


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 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 22-JUL-2015 SEP 22 2015		Repository <input type="checkbox"/> Reference No. 10735745							
OWNER INFORMATION (Type or Print)													
Name		Address		City		State		Zip Code		Daytime Telephone Number		E-mail Address	
				ST. CHARLES		MO							
City		State		Zip Code		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					
2MEFM74W64X				MERCURY		GRAND MARQUIS		2004					
Date Purchased		Dealer's Name and Telephone Number				Engine:		Fuel Type:					
12/2004		DAVE SINCLAIR LINCOLN-MERCURY (636) 441-4400				No: Cylinders		GAS					
Original Owner		Dealer's City		State		Zip Code							
<input type="checkbox"/>		ST. PETERS		MO.		63301		8					
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:		Incident Date(s)					
AUTO.		<input checked="" type="checkbox"/> Cruise Control		?		(SEE BELOW)		17-JUL-2015					
FAILED COMPONENT(S)/PART(S) INFORMATION													
Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, BRAKES (PWS)								Failure Mileage		Failure Speed			
								58000		FEEL ON BRAKE			
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		Fire		Number of Persons Injured		Number of Deaths		Reported to Police					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(FOOT) 1		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 2004 MERCURY GRAND MARQUIS. WHILE THE VEHICLE WAS COMING TO A STOP, THE CONTACT DEPRESSED THE BRAKE PEDAL AND THE SPEED AND RPM'S INCREASED WITHOUT WARNING. THE CONTACT CONTINUED TO DEPRESS THE BRAKE PEDAL; HOWEVER, THE VEHICLE FAILED TO RESPOND. THE CONTACT POWERED THE VEHICLE OFF AND NOTICED BLUE SMOKE EMITTING FROM THE REAR OF THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER, BUT THE FAILURE WAS UNABLE TO BE DETERMINED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 58,000. FORD MOTOR TOLD ME TO GO TO PUNDMANN FORD - 2727 WEST CLAY STREET - ST. CHARLES, MO. - PHONE: (636) 946-6611, TO SEE WHAT WAS WRONG WITH AUTO... PUNDMANN WANTED 118,00 FROM ME. TOLD THEM I COULD NOT AFFORD 118,00. TOOK THE CAR BACK HOME. CAR IS NOT FIXED. (OVER)													
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.													

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

I DONT KNOW IF THIS HAS A BEARING ON ~~THE~~ THE ACCELERATOR OVER-RIDING THE BRAKING SYSTEM, BUT IF I LET THE CAR SIT A FEW DAYS WITHOUT DRIVING THE CAR, WHEN I START THE CAR IT BACK-FIRES ON ME IN THE ENGINE COMPARTMENT,

IN AS FOR AS INJURY, I HAD MY RIGHT FOOT ON THE BRAKE TO STOP THE ACCELATION, I JAMMED MY LEFT FOOT ON THE BRAKE FOR ADDED STOPING POWER, MY FOOT IS STILL SWOLLEN UP.

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

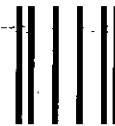
Official Business Penalty for Private Use \$300

ST LOUIS

MO 630

02 SEP 15

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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 Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

