



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
JAN 13 2016

Repository ☐

16-NOV-2015

Reference No.
10790701

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CUDAHAY State WI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

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
2MEFM74V46X [REDACTED] Make MERCURY Model GRAND MARQUIS Model Year 2006
Date Purchased 2006 Dealer's Name and Telephone Number 414 Gordie Boucher 327-6000 Engine: No: Cylinders 8 Fuel Type: Regular Gas
Original Owner ☒ Dealer's City WEST ALLIS, WI State WI Zip Code 53227
Transmission Type ☒ Antilock Brakes Powertrain ? Multiple Failure: ? Incident Date(s) 01-MAY-2014
Auto ☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Lucky my husband noticed
Gas Tank was falling off because of RUSTED STRAPS Failure Mileage 90000 Failure Speed PARKED

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) ☐ 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 Number of Deaths 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 2006 MERCURY GRAND MARQUIS. WHILE THE VEHICLE WAS PARKED, THE CONTACT NOTICED THAT THE FUEL STRAPS WERE PARTIALLY DETACHED FROM THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE FUEL STRAPS WERE CORRODED AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 90,000.

We didn't take it to dealer.
We took it right to MARK'S Service Center
I did call dealer but can't remember
when or who I talked to.

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)

My husband noticed the gas Tank which was full at the time + it was hanging supported by the filler pipe. The straps were rusted + broken off. We were lucky to see this because with a full tank we could have ridden on xpressway + gotten ourselves killed. Very scary. Hope if this happens to someone else they would be lucky to notice it like my husband did! The Service Center (MARK's) had to be xtremely careful to drain the gas. This shouldn't have happened. [REDACTED] 12/21/15

ATTACH ADDITIONAL SHEETS IF NECESSARY

ATTACHED

MARK's Service Center. They repaired it.

US 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

MILWAUKEE

W1 532

32 DEC '15

PM 5 L

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-210100
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:

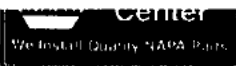
www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Defect Questionnaire (VQO)
U.S. Department of Transportation
National Highway Traffic Safety Administration



Cudahy, Wisconsin 53110
(414) 231-9472 • (414) 226-6258

No 1052

1 SS-7834X
FRONT BRAKE PADS 92.50

2 NB 4888110
FRONT BRAKE ROTORS 159.50

1 SS 7835-X
REAR BRAKE PADS 74.50

2 NB 48880129
REAR BRAKE ROTORS 121.00

1 AC DRICK
38.00

FRON 38.50

GLUE 7.50

2 GAS TANK STRAPS 60.00

TOTAL PARTS

629.00

NAME

ADDRESS

CITY

YEAR

TYPE OR MODEL

PHONE
WHEN
READY

WORK

HOM

LICENSE NUMBER

ODOMETER

2006

MARC

82,258

REPAIR ORDER - LABOR INSTRUCTIONS

GREASE OIL & FILTER

32.95

LABOR FRONT BRAKE JOB

9.50

LABOR REAR BRAKE JOB

120.00

LABOR INSTALL NEW GAS
TANK STRAPS & GLUE LINE
FITTING

125.00

LABOR RECHARGE FRONT &
INSTALL NEW DRIER &
EVAPORATOR & RECHARGE
AIR COND SYSTEM

150.00

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate, but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.

- I request an estimate in writing before you begin repairs.
- Please proceed with repairs, but call me before continuing if the price will exceed \$_____.
- I do not want an estimate.
- Replaced parts will be returned. Check one ☐ no ☐ yes
- Estimated completion date _____

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto you will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Customer ☒

Written By ☒

☐ No Face-To-Face Contact

Additional Cost

Authorized By

New E.C.D.

Date & Time

Work Done By

Subcontractor

Motor Vehicle repair trade practices are regulated by Chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

TOTAL LABOR

TOTAL PARTS

SUB-TOTAL

STATE-TAX

TOTAL
AMOUNT

522.95

629.00

151.95

64.50

716.45