



Posted

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECT

1-888-DASH-2-DOT

1-888-327-4236

INTERNET: <http://www.nhtsa.dot.gov>

U.S. Department of Transportation

National Highway Traffic Safety Administration

FOR AGENCY USE ONLY

RECEIVED

Date Received: 00 JAN 22 AM 1:11

OFFICE OF DEFECTS INVESTIGATION

Reference No: 550546

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Street: [Redacted]
 City: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 1/14/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): (17 Digits) 1MELM6531SK653644	(Located at bottom of windshield on driver's side)	Vehicle Make Mercury	Vehicle Model Mystique	Vehicle Year '95	Current Odometer Reading 78744
Purchased Date 6/95	Dealer's Name Crown Ford	Engine Size (CID/CCHL)	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel	<input checked="" type="checkbox"/> Gas
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City Nash, TN	State TN	Zip Code 37217	No. Cylinders	<input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Safety	Part Name(s) Headrest	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 9/6 + 9/9 } not sure	Mileage at Failure(s) 50,000 + 60,000	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Speed at Failure(s): NA		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Persons Injured	Number of Fatalities	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
 Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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U.S. DOT safety standard code
 The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

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 maybe used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration 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 am very concerned. The headrests are very wobbly & would offer no protection, if needed, from whiplash. I cannot afford to replace them. They should not break. I do not know why they are broken. No one pulled on them. I've never heard of this trouble before on any cars! They were sturdy when I bought the car.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

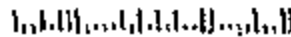


BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

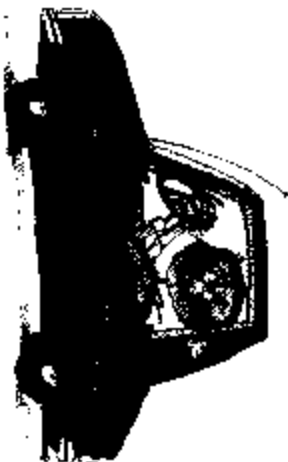
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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