



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

RECEIVED  
FEB-3 AM 5:15  
OFFICE OF INVESTIGATION  
COPIED  
550692

AGENCY USE ONLY

Date Received \_\_\_\_\_

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_lr \_\_\_\_\_

Reference \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

[Redacted Owner Information]

[Redacted Information]

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 \_\_\_\_\_ Date 1/25/2000

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.) (17 Digits) <u>2MEBM74F8HX672128</u>	(Located at bottom of windshield on driver's side)	Vehicle Make <u>MERCURY</u>	Vehicle Model <u>GRAND MARQUIS</u>	Vehicle Year <u>1987</u>	Current Odometer Reading <u>33400</u>
Purchased Date <u>4-10-87</u>	Dealer's Name <u>TICHON LINCOLN MERCURY</u>	Engine Size (CID/CC/L) <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	No. Cylinders <u>8</u>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>NEW BEDFORD</u>	State <u>MA.</u>	Zip Code <u>02745</u>		
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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" 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 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 <u>THROTTLE POSITION SENSOR</u>	Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) <u>7-10-99</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) <u>032380</u>		
	Vehicle Speed at Failure(s)		

**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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" 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)

Driving down road my car accelerates by itself - keeps speeding up I keep pumping my breaks to slow it down. When possible I pullover, apply emergency brakes. and it sounds like its running 100 hrs an hour. Frightened I shut it off and wait a while before I start it and go home Took it to my mechanic and he changed valve assembly (\$6.39) Worked for a while then gave me trouble again. Backing into space, put car in reverse, then shifted to drive car lunged forward racing madly almost hitting a truck. Man sitting in truck jumped, thinking I was going to crash. Explaining to him my sudden acceleration problem. He said, 'Mam, take it back to your mechanic before you have an accident. Mechanic drove it for 2 days, saw my problem - Replaced my Intermittent High Idle Speed costing \$6.49. Tichen's said they had no problems. Total cost \$16.23 I should be reimbursed. Thank you

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



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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

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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National Highway Traffic Safety Administration  
<http://www.nhtsa.gov/dot Hotline>



# CHETS AUTOMOTIVE

17 COOLIDGE STREET  
SOUTH DARTMOUTH, MA 02748  
(508) 990-7939

DU/U

RECEIVED  
DATE: 7/14/99  
TIME: 11:55 AM  
BY: [Signature]

CALL WHEN READY

CUSTOMER NOTIFIED

NAME: [Redacted]  
ADDRESS: [Redacted]  
CITY: [Redacted] STATE: [Redacted] ZIP: [Redacted]

UNIT # 546  
MODEL GM  
DOOR METER 32386

Change Valve Assy

PART NUMBER AND DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT
1 E9A2-9F15-A Valve Assy	63.13		
<p>PS 7/16/99</p> <p>OK 7/13/99</p>			
TOTAL PARTS			63.13
TOTAL SUBJECT REPAIRS			

TECHNICIAN #1  
TECHNICIAN #2

LUBE   
CHANGE OIL   
FLUSH ENGINE OIL

TECHNICIAN #1  
TECHNICIAN #2

QUANTITY

GALLONS GAS  
QUARTS OIL  
SOLVENT

CHARGE   
CASH

HAZARDOUS WASTE (LEAD/ACID)

TOTAL SERVICE 20.00  
TOTAL PARTS 63.13  
OUTSIDE REPAIRS  
GAS OIL SOLVENT ENGINE OIL  
SUB-TOTAL  
TAX 3/16  
TOTAL 86.29

ESTIMATED SERVICE DATE: 7/14/99

ADDITIONAL PARTS ORDER

TOTAL PARTS 63.13

TOTAL SUBJECT REPAIRS

The listed amount applies to the parts listed below. We do not intend to be held responsible for the cost of any parts or labor not listed. The customer is responsible for the cost of any parts or labor not listed. The customer is responsible for the cost of any parts or labor not listed. The customer is responsible for the cost of any parts or labor not listed.

Enclosing my  
cost to alleviate  
my problem off  
sudden acceleration

Thank you

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