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Form Approved: O.M.B. No. 2127-0006



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

### 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>

FOR AGENCY USE ONLY

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OFFICE OF INVESTIGATION

Date Rec'd \_\_\_\_\_  
Time Rec'd \_\_\_\_\_  
Office \_\_\_\_\_  
Up. Hr. \_\_\_\_\_

Reference No.

**551448**

#### OWNER INFORMATION (Type or Print)

Daytime Telephone Number  
( )

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 3/14/00

#### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) <b>1MELM66L6SK626678</b>	(Located at bottom of windshield on driver's side)	Vehicle Make <b>MERCURY</b>	Vehicle Model <b>MYSTIQUE</b>	Vehicle Year <b>1995</b>	Current Odometer Reading <b>70594</b>	
Purchased Date <b>2/95</b>	Dealer's Name <b>MELEIRS-RUDOLFLIN</b>	Engine Size (CID/CC/L) <b>2.5L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <b>APPLETON</b>	State <b>WI</b>	Zip Code <b>54914</b>	No. Cylinders <b>4</b>	<b>Value</b>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 <b>2</b>	Part Name(s) <b>REAR COIL SPRINGS (BOTH)</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>2</b>	Date(s) of Failure(s) <b>UNKNOWN</b>	Mileage at Failure(s) <b>UNKNOWN</b>	Vehicle Speed at Failure(s) <b>UNKNOWN</b>
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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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**TIRE SIZE**

**TIRE NAME**

**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.

**TIRE MANUFACTURER**

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 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)

MY WIFE FOUND A PIECE OF COIL SPRING ON THE GARAGE FLOOR. I TOOK THE CAR IN, AND THEY FOUND BOTH REAR COIL SPRINGS BROKEN. I DO NOT TOW ANYTHING OR NO ONE RIDES IN THE BACK SEAT. WHY WOULD BOTH REAR COIL SPRINGS BREAK? I WOULD NOT HAVE KNOWN THE COIL SPRINGS WERE BROKEN, IF IT WAS NOT FOR FINDING THIS PIECE OF SPRING ON THE GARAGE FLOOR. HOW MANY MORE PEOPLE DON'T KNOW THAT THEIR COIL SPRINGS ARE BROKEN? THE COST OF REPAIR WAS \$315.00 I DON'T KNOW HOW LONG THEY WERE BROKEN OR WHEN THEY BROKE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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.

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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DOT Auto Safety Hotline (DASH) 2 DOT



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