

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

13-JAN-2000

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

Reference No.

717283

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.)<br><small>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|--------------|---------------|--------------|--------------------------|
| 4M2DU55P6VUJ51038   | MERCURY TRUC | MOUNTAINEER   | 1997         |                          |

|   |                                       |                                 |   |
|---|---------------------------------------|---------------------------------|---|
| Purchase Date<br><b>01-AUG-1997</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ SL | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____             |   |

| Transmission Type   | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train  | Vehicle Type   | Body Style  |
|---|--|--|--|--|--|---|
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component                   | Part Name(s)   | Location   | Failed Part(s)  |
|-----------------------------|--|--|---|
| 08400000                    | ELECTRICAL SYSTEM:FUSE AND FUSE RECEPTICLE   | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement               |
| No. of Failures<br><b>1</b> | Date(s) of Failure(s) <u>04-JAN-2000</u><br>Mileage at Failure(s) <u>41612</u><br>Vehicle Speed at Failure(s) <u>0</u> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

| Crash  | Fire  | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police  |
|--|---|---------------------------|----------------------|---------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 0                         | 0                    |                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AS I PARKED THE VEHICLE IN THE GARAGE, I NOTICED SMOKE COMING FROM UNDER THE HOOD. I EXITED THE VEHICLE AND OBSERVED FLAMES IN THE UPPER PART OF THE LEFT FRONT WHEEL WELL. I PUT OUT THE FIRE BUT WAS UNABLE TO OPEN THE HOOD. THE VEHICLE WAS TOWED TO THE DEALERSHIP WHERE IT WAS DETERMINED THE FIRE HAD STARTED IN THE RELAY/FUSE BOX LOCATED IN THE LEFT REAR OF THE ENGINE COMPARTMENT. I ASKED BOTH THE DEALERSHIP AND MY INSURANCE COMPANY (UNITED SERVICES AUTOMOBILE ASSOCIATION), IF A RECALL OR TECHNICAL SERVICE BULLETIN AND BEEN ISSUED BY FORD CONCERNING THIS TYPE OF INCIDENT. I HAVE NOT RECEIVED A REPLY FROM EITHER. \*AK

CONTINUED ON BACK PLEASE

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.

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|--|---|---------------------------|----------------------|---------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 0                         | 0                    |                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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