

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

01-FEB-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

718155

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.) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4M2DV11W3TDJ27022	MERCURY TRUC	VILLAGER	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" 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 <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 13450000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:LATCHES AND LOCKS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING REAR SLIDING DOOR WILL POP OPEN ON ITS OWN. THIS HAS HAPPENED MANY TIMES. WHEN BROUGHT TO DEALER THEY CLAIM THEY COULD NOT CREATE PROBLEM, SO NOTHING WAS CORRECTED. PLEASE ADVISE ON FURTHER ACTION. *AK

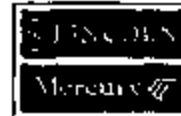
CONTINUED ON BACK PLEASE

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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OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 100%; height: 40px;"></div>			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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.) 4M2DV11W3TDJ27022	Location of bottom of windshield on driver's side	Vehicle Make MERCURY TRUC	Vehicle Model VILLAGER
Purchase Date	Dealer's Name	Vehicle Year 1996	Current Odometer Reading
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	Engine Size (CID/CCA)	No Cylinders
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbet <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
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Component 1345H000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:LATCHES AND LOCKS	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6173810369

104888



SENTRY

3780 Mystic Valley Parkway
MEDFORD, MA 02155
(617) 391-5700

INVOICE

QUALITY CARE
Where the Quality
Customer

PAGE 1

SERVICE ADVISOR: 6347 LYNN KELLEY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MPG	MILEAGE IN DMV	TAG
RED	1996	MERCURY VILLAGER	4M2DV11W3TDJ27022			42200/42200	T9800
DEL DATE	PROD DATE	WARR EXP	PROMISED	PG NO	RATE	PAYMENT	INV DATE
16MAR1996	21FEB96	16MAR1999	WAIT 03FEB00	0	68.00	CASH	03FEB2000
R.O. OPENED	READY	OPTIONS: DLR:99999 ENG:3.0 Liter EPT 1)NO ESP					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
1							
C/S SLIDER POPPING OPEN STALL, RIGHT NOW ITS POPPED OPEN SO TECH CAN SEE ALSO DOOR OPENING GASKET HANGING DOWN AGAIN							
GASKET REPLACED SLIDER DOOR OPENING GASKET							
	9263	CL				20.40	20.40
	1	FGXZ*1225824*AA	W/S ASY-BDY SD DR		40.73	40.73	40.73
	3	*01553*07381	CLIP-PLASTIC		3.05	3.05	9.15
LATCH REPLACED SLIDER DOOR REAR LATCH							
	9263	CL				47.60	47.60
	1	FBXY*1226484*AB	LAT ASY-BDY SD DR BR		16.58	16.58	16.58
PARTS:	66.46	LABOR:	68.00	OTHER:	0.00	TOTAL LINE A:	134.46

EST: 135.00 03FEB00 07:48 SA: 634
CUSTOMER PAY ENVIRONMENTAL CHARGE FOR REPAIR ORDER 4.42

Please retain this invoice for your records.
All Ford parts are covered by a limited warranty of 12 months or 12,000 miles which ever occurs first.
TAKE ADVANTAGE OF SENTRY'S EXTENDED HOURS
SATURDAYS 8:00AM TILL 4:00PM AND THURSDAYS 7:00AM TILL 9:00PM NO APPOINTMENT NECESSARY

PAID
SENTRY LINCOLN MERCURY
FEB 16 2000
MAYES

<p>PLEASE VISIT OUR:</p> <p>FAST LUBE CENTER 305 MYSTIC AVE. MEDFORD, MA 02155 (617) 391-2449</p> <p>SMART CARS</p>	<p>If you are happy let your neighbor know. If you are unhappy call our service representative at once.</p> <p>Our Goal: "No unhappy owners."</p> <p>THANK YOU FOR BRINGING YOUR CAR TO SENTRY LINCOLN-MERCURY</p>	<table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>TOTALS</th> </tr> </thead> <tbody> <tr> <td>LABOR AMOUNT</td> <td>68.00</td> </tr> <tr> <td>PARTS AMOUNT</td> <td>66.46</td> </tr> <tr> <td>GAS. OR. LUBE</td> <td>0.00</td> </tr> <tr> <td>SUBLET AMOUNT</td> <td>0.00</td> </tr> <tr> <td>MISC. ENVIRONMENTAL</td> <td>4.42</td> </tr> <tr> <td>TOTAL CHARGES</td> <td>138.88</td> </tr> <tr> <td>DEDUCTIBLE/ADJ.</td> <td>0.00</td> </tr> <tr> <td>SALES TAX</td> <td>3.54</td> </tr> <tr> <td>PLEASE PAY THIS AMOUNT</td> <td>142.42</td> </tr> <tr> <td>CUSTOMER SIGNATURE</td> <td></td> </tr> </tbody> </table>	DESCRIPTION	TOTALS	LABOR AMOUNT	68.00	PARTS AMOUNT	66.46	GAS. OR. LUBE	0.00	SUBLET AMOUNT	0.00	MISC. ENVIRONMENTAL	4.42	TOTAL CHARGES	138.88	DEDUCTIBLE/ADJ.	0.00	SALES TAX	3.54	PLEASE PAY THIS AMOUNT	142.42	CUSTOMER SIGNATURE	
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<p>DISPOSAL OF HAZARDOUS WASTE</p> <p>The State of Massachusetts requires that all hazardous wastes (Oil, Solvents, Anti-Freeze, etc.) must be disposed of by a licensed contractor in an environmentally safe manner. Any charges for disposal of hazardous waste reflects our conformity to state law in addition to our concern for the preservation of the environment.</p>																								

CUSTOMER