

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258	
Data Received 23-FEB-2000	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 719105
Work Number 800 824 3208	
Home Number 909 532 7464	

OWNER INFORMATION (Type or Print)

SCOTT WEST 593978
 P.O BOX 984
 NORCO CA 92860

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) 1MELM66L1SK609870	Vehicle Make MERCURY	Vehicle Model MYSTIQUE	Vehicle Year 1995	Current Odometer Reading
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Purchase Date 01-JUL-1999	Dealer's Name _____	Engine Size (CID/CYL) 2.5 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12312000 12340000 12250000	Par. Name(s) INTERIOR SYSTEMS:TRACKS AND ANCHORS:FRONT SEAT:POWE INTERIOR SYSTEMS:SEAT HEAD RESTRAINTS INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	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 1	Date(s) of Failure(s) 23-JUL-1999 Mileage at Failure(s) 42000 Vehicle Speed at Failure(s) 65	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), Crashes), 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 0	Number of Fatalities 0	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)

POWER SEAT FORE/AFT INOP - CAN'T ADJUST. BOTH FRONT HEAD RESTRAINT PLASTIC INNARDS HAVE DISINTEGRATED - WOBBLE AROUND -CAN'T ADJUST. FOUND CRUISE CONTROL INOP AFTER DELIVERY - REPLACED. DRIVERS SEATBELT BUCKLE STOP BUTTON GONE - FALLS TO FLOOR. WATER PUMP UNABLE TO EXPLODE ON FREEWAY LEFT STRANDED. BATTERY/CABLE SHORTED & BURNED. CAUSED