

U.S. Department of Transportation National 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	
		Data Received 27-FEB-2000	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 719364

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> 4M2DV11W4SDJ91939	Vehicle Make MERCURY TRUC	Vehicle Model VILLAGER	Vehicle Year 1995	Current Odometer Reading	
Purchase Date 01-OCT-1995	Dealer's Name _____	Engine Size (CID/CC/L) 4.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input checked="" 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 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
No of Failures 50	Date(s) of Failure(s) 19-SEP-1999 Mileage at Failure(s) 06000 Vehicle Speed at Failure(s) 20	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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 THE VEHICLE, THE PASSENGER SLIDER OPENS AND THE DOOR IS AJAR. THIS HAPPENED REPEATEDLY OVER SEVERAL MONTHS. IT COST ME OVER \$200 TO REPLACE THE FRONT AND REAR LATCHES ON THE VEHICLE. I FELT THAT THIS WAS A SAFETY ISSUE AND I SHOULDN'T HAVE TO PAY FOR THE DEFECTIVE PARTS OR LABOR. *AK

CONTINUED ON BACK (REVERSE)

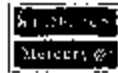
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

719364

S1204

48805

INVOICE



895 Nu. Colony Rd. * Wallingford, CT 06492 * (203) 265-2001

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SERVICE ADVISOR: 8993 RALPH DOYON

COGR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
3E2	95	MERCURY VILLAGER	4M2DV11W4SDJ91939		92116/92116	T2	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PONG.	BATE	PAYMENT	INV. DATE
01JAN1995			17:00 28JAN00		85.00	CASH	28JAN2000
R.O. OPENED	READY	OPTIONS: 1)VILLAGER					
28JAN00	28JAN00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A S/O LATCHES FOR SLIDER							
BP154 INSTALL SLIDER DOOR LATCHES							
				9597	CF	2.50	
1	F3XY*12264A64*A	LAT	ASY-BDY	SD	DR	PRT	31.64
1	F3XY*12264A64*B	LAT	ASY-BDY	SD	DR	RR	31.64
2	*N802930*S	PIN	7.1X16.4	NYLON	PUSH	SP. HD	0.78
PARTS:	64.84	LABOR:	172.50	OTHER:	0.00	TOTAL LINE A:	237.34

B CUSTOMER STATES: REAR HAS NO HEAT CR A.C - CK/R&PORT							
DIAG DIAGNOSIS TIME							
				9597	CF	75.00	
PARTS:	0.00	LABOR:	75.00	OTHER:	0.00	TOTAL LINE B:	75.00

NEEDS MAIN HEATER CONTROL - 38' + 164' LABOR							

CUSTOMER PAY ENVIRO CHARGES FOR REPAIR ORDER 5.40							
ALL SERVICE AND PARTS WORK GUARANTEED							
12 MONTHS OR 12000 MILES FROM REPAIR DATE							

Built on 8/95

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER	DESCRIPTION	TOTALS
	The factory warranty constitutes all of the warranties with respect to the sale of this equipment. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this equipment.	LABOR AMOUNT	247.50
		PARTS AMOUNT	64.84
		GAS, OIL, TUBE	0.00
		SUBLET AMOUNT	0.00
		MISC. CHARGES	5.40
		TOTAL CHARGES	317.74
		LESS INSURANCE	0.00
		SALES TAX	19.06
		PLEASE PAY THIS AMOUNT	316.80

CUSTOMER COPY