



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

14-JUN-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

746848

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1MELM50U2SA634178	MERCURY	SABLE	1995	

Purchase Date 01-NOV-1995	Dealer's Name _____	Engine Size (CID/CC/L) 3.0	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☒ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
-----------------------	--	--	--

No of Failure 1	Date(s) of Failure(s) 23-MAY-2001 72430 Mileage at Failure(s) 70	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
---	---	--------------------------------	---------------------------	-------------------------------	---

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

HEAD GASKET FAILED WHILE TRAVELLING AT 70 MPH ON FLORIDA I95.4 PASSENGERS, INCLUDING AN 11 MONTH OLD INFANT IN A CAR SEAT. DURING HEAD GASKET FAILURE, VEHICLE LOST ALL POWER AND STALLED IN THE HIGHWAY TRAFFIC LANE. VEHICLE HAD TO BE PUSHED OFF THE HIGHWAY WHILE ONCOMING TRAFFIC WAS IN CLOSE PROXIMITY TO OCCUPANTS. INFANT COULD NOT SAFELY BE REMOVED FROM SEAT UNTIL AREA WAS CLEAR OF TRAFFIC WHICH WAS APPROACHING AT THE SPEED LIMIT OF 70MPH..THIS WAS AN APPARANT HAZZARD TO LIFE AND LIMB FOR ALL OF US IN AND OUT OF THE VEHICLE.VEHICLE WAS TOWED TO AN APPROVED AAA SERVICE STATION WHERE IT WAS DETERMINED THAT THE VEHICLE'S HEAD GASKET HAD BLOWN.

COPIES OF THIS FORM ARE:

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.