



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

21-JUL-2001

Od. or
rt. dt
pd. rt
rp. ltr

Reference No.

748881

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>(Location at bottom of and/or above driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 4M2DV11W0SDJ64978 | MERCURY TRUCK | VILLAGER | 1995 | | | |
| Purchase Date 01-OCT-1999 | Dealer's Name _____ | Engine Size (CID/CC/L) 3.0 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 08121000 | Part Name(s) FUEL:FUEL EMISSION CONTROL:LINES:VAPOR VENT | 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 Failure 100 | Date(s) of Failure(s) C1-JAN-2001 90000 Mileage at Failure(s) 1 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 1 | Number of Fatalities 0 | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|--------------------------|---|

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

!!!EMERGENCY ALERT!!! NHTSA RECALL NO. 00V419002 MFG. NO 00S59B PRESENTS ADDITIONAL, MORE SERIOUS RISK OF INJURY AND EXPLOSION. MY WIFE AND I COMMUTE OUR CHILDREN 30 MILES TO SCHOOL (2 HOURS AVE. DAILY). SHE PRIMARILY DRIVES THE VILLAGER. IN FEBRUARY OF THIS YEAR SHE DEVELOPED SERIOUS TINGLING AND NUMBNESS THROUGHOUT HER EXTREMITIES INCLUDING FACIAL, FOOT AND HAND SUPPERSENSITIVITY. THE CONDITION GREW WORSE AS THE MONTHS PASSED. WE SPENT MAY AND JUNE WITH DOCTORS PERFORMING MRIS AND NERVE CONDUCTION TESTS TO RULE OUT MS OR OTHER NEUROPATHY. UNTIL LAST WEEK WE WERE CLUELESS. FOR ABOUT A YEAR WE BEGAN NOTICING FAINT GASOLINE SMELLS IN THE CABIN OF OUR VILLAGER. THE WERE MILD AT FIRST. THEY BECAME MORE INTENSE IN JANUARY OF 2001. SEVERAL MONTHS AGO WE GOT THE NOTICE OF THE

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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.