



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

04-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

755268

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>(Lowercase letters "i" and "o" are not allowed)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 3MELM6536TM612842 | MERCURY | MYSTIQUE | 1996 | |

| | | | |
|---|---------------------------------------|--------------------------------|---|
| Purchase Date 01-JUL-1998 | Dealer's Name _____ | Engine Size (CID/CC/L) 2.0L | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input 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 checked="" 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | 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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |
|---|---|--|--|---|---|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------------------|--|--|--|
| Component 07300000 07381000 | Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:TRANSMISSION:AUTOMATIC:OVERDRIVE | 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 Failure | Date(s) of Failure(s) 04-DEC-2001 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mileage at Failure(s) 77700 | | |
| | Vehicle Speed at Failure(s) 20 | | |

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 0 | Number of Fatalities | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|----------------------|--------------------------|---|

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

THE GEAR DOES NOT SHIFT PROPERLY. FROM STOP TO LOW SPEED (<20MPH) IT WHINES, JERKS AND STALLS. AT HIGH SPEED (40MPH) IT STOPS SHIFTING AND KEEPS WHINING AT 3-4000RPM WHILE IT SHOULD SHIFT UP. THE O/D OFF WARNING LIGHT COMES UP 2-3 MINUTES AFTER STARTING THE CAR.
*AK

CONTINUE ON 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.