

785374

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>
Date: 3/26/01 10:56AM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Monday, March 26th 2001 at 10:38:07 AM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

NAME: [REDACTED]
ADDRESS: [REDACTED]
TELEPHONE: [REDACTED]

NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

VIN:
MAKE: Mercury
MODEL: Villager LS
YEAR: 95

ODOMETER: 83500
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: National Car Sales
ADDRESS: Indianapolis, IN

ENGINE SIZE: 3.0
CYLINDERS: 6

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: No
3-POINT BELT: No
MOTOR BELT: Yes
2-POINT BELT: Yes
BODY STYLE: Van

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Fuel Smell in Passenger compartment when it is cold.

PART NAME(S):

LOCATION:

NUMBER OF FAILURES:

DATE(S) OF FAILURES: 8/25/01

MILEAGE AT FAILURE(S):

SPEED AT FAILURE(S): 0 mph

MANUFATURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT:
FIRE:

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

Have taken to dealer several times, but no leak was found. It was cold this weekend and took it to the shop. The leak was traced to a gas line that runs on the back side of the engine.

END OF FORM



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 778

Date Received

26-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

785374

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 windshield)</small>	Vehicle Make MERCURY TRUCK	Vehicle Model VILLAGER	Vehicle Year 1995	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L 6 CYL) No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio			
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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" 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 checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 08130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	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 1	Date(s) of Failure(s) 25-AUG-2001 Mileage at Failure(s) _____	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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THERE IS A FUEL SMELL IN PASSENGER COMPARTMENT WHEN IT IS COLD, LEAK WAS TRACED TO A GAS LINE THAT RUNS ON BACK SIDE OF THE ENGINE. *JB

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.