

785408

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>
Date: 4/17/01 8:24PM
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: Tuesday, April 17th 2001 at 8:24:08 PM

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: Yes

VEHICLE INFORMATION

VIN: 4M2DV11W3SDJ35832
MAKE: Mercury
MODEL: Villager
YEAR: 1995

ODOMETER: 74,6000
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: Wagner Lincoln Mercury
ADDRESS: Fostoria, OH 44830

ENGINE SIZE:
CYLINDERS:

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

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

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Coil Spring
 PART NAME(S): Coil Spring
 LOCATION: Left Front
 NUMBER OF FAILURES: one failure (that's
 enough for our family
 anyway)
 DATE(S) OF FAILURES: 041101
 MILEAGE AT FAILURE(S): 74,000 approximately
 SPEED AT FAILURE(S): 55 mph
 MANUFATURER CONTACTED: Yes
 NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
 FIRE: No
 NUMBER OF PERSONS INJURED: 0
 NUMBER OF FATALITIES: 0
 ESTIMATED PROPERTY DAMAGE: \$0.00
 DRIVER AIRBAG DEPLOYED: No
 PASSENGER AIRBAG DEPLOYED: N/A
 REPORTED TO POLICE: No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

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

ADDITIONAL COMMENTS

We purchased this van in December 1998. We have had to replace the belts each year. When we purchased this van it had 54,000 miles on it and had not been wrecked. We currently have 74,000 miles approximately on it and has not been wrecked either. We do not know why this coil spring has decided to break. As you can see, we do not drive it as often as most people would in this time frame. We are disappointed in the quality with all the repairs we have had to make.

We would like very much for the Manufacturer to replace this coil spring as well as the other since I had to drive 500 miles + on a broken coil spring with my children in the van to get home before Easter Sunday so we could attend church as a family. I had 5 mechanics total check out this van before making my trip home. Each suggested that the Manufacturer should be notified (which I am having John at Wagner Lincoln Mercury do) and that this coil had premature rust on the sides (again this is only a 6 year old van with 74,000 approx. miles on it).

We had the van checked out by the above named Dealer in February 2001 and had the belts replaced (again) and the left lower front ball joint replaced with the company thinking that was what was making the noise. After receiving it, I drove it to Toledo and it did not drive correctly and still heard a noise. I informed the dealership and they told me the problem was with the tires. I told them I took it in for a noise and for the belts not for the tires and I didn't appreciate them blaming the tires (which are a year or less new). With this situation, I told them that I felt a vibration and my arms would go numb with driving home. The dealership just blew me off. We did have the wheel-alignment done in an effort to see if the shaking would stop. It seemed to help, at least temporarily. The shaking began on my trip home from Kentucky with a broken LEFT coil spring. We believe this is where the error was in the beginning yet the crack was probably smaller then and why the dealership may not have been so able to find the crack. Either way, it is not the dealerships fault completely but yet the manufacturer with the tempering. We know that Ford/Mercury has had problems with the Mystiques and the Tracers/Escorts with the coil springs breaking. We would like for this to be taken care of.

I believe this is a safety hazard. Thankfully, this coil was broken at the base and I was able to get my children and myself home safely before anything happened. I drove below the speed limit (45-60 mph depending upon road construction, etc) and watched for unnecessary bumps (as usual).

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 1058

Date Received

17-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

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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		
4M2DV11W3SDJ35832	MERCURY TRUCK	VILLAGER	1995			
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L _____ 6CYL _____ 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 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 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 02152000 02340000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER:BALL JOINT SUSPENSION:TWIN-I-BEAM:SOLID:FRONT:SPRING COIL	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 2	Date(s) of Failure(s) 11-APR-2001 74000 Mileage at Failure(s) 55	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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES LEFT COIL SPRING FAILED, CONSUMER WAS ADVISED BY MECHANIC THAT MANUFACTURER SHOULD COVER SINCE COIL SPRING CONTAINED PREMATURE RUST ON THE SIDES, CONSUMER STATES LOWER FRONT BALL JOINT WAS ALSO REPLACED BECAUSE OF THE NOISE AND VIBRATION THAT WAS COMING FROM THE VEHICLE, AFTER LOWER FRONT BALL JOINT WAS REPLACED, VEHICLE CONTINUED TO MAKE NOISE AND VIBRATE, CONSUMER WAS THEN ADVISED THE PROBLEM WAS WITH THE TIRES, DEALER THEN PERFORMED A WHEEL ALIGNMENT TO SEE IF VEHICLE WOULD STOP SHAKING, HOWEVER VEHICLE ONLY STOPPED SHAKING TEMPORARILY. *JB

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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.



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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4M2DV11W3SDJ35832	MERCURY TRUCK	VILLAGER	1995			
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) 6CYL	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 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 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 05250000	Part Name(s) ENGINE COOLING SYSTEM-BELTS	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 3	Date(s) of Failure(s) C1-FEB-2001 74000 Mileage at Failure(s) 55	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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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)

**CONSUMER STATES ENGINE BELTS HAVE BEEN REPLACED EACH YEAR SINCE OWNERSHIP OF VEHICLE.
*JB**

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