Form Approved: OMB No. 2127-0042

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 1038

Date Received: 31-DEC-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8001233

[redacted]

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 on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1ZWFT61LAX5755223	MERCURY	COUGAR	1999	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____ City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____ No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	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 Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06400000 12420000	FUEL:THROTTLE LINKAGES AND CONTROL INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	15-DEC-2001		
	Mileage at Failure(s 60	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

VEHICLE CUTS OFF ON A INTERMITTENT BASIS WHILE TRAVELING ANY SPEED ON HIGHWAY. VEHICLE ACCELERATES/ HEADLIGHTS, AND WARNING LIGHT ILLUMINATES AT THE SAME TIME BEFORE VEHICLE SHUTS DOWN. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUED 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 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.

Form Approved. O M B No 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY f038

Date Received
31-DEC-2001
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8001233

OWNER INFORMATION (Type or Print)

[redacted]

Work Number
Home [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. ☐ YES ☐ NO

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

Vehicle Ident. No (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1ZWFT61LAX5755223	MERCURY	COUGAR	1999	60,000

Purchase Date

☒ New ☐ Used

Dealer's Name Somerset Lincoln Mercury

City Somerset State KY Zip Code

Engine Siz (CID/CC/L ___ No Cylinders 6

☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driversice Airbag ☐ 2-Po nt Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Jp ☒ Truck 3 door

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06400000 12420000	FUEL:THROTTLE LINKAGES AND CONTROL INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	☐ Left Front ☐ Right Rear	☐ Orginal ☐ Replacemen

No of Failures	Date(s) of Failure(s) 15-DEC-2001 Mileage at Failure(s) 60 Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

VEHICLE CUTS OFF ON A INTERMITTENT BASIS WHILE TRAVELING ANY SPEED ON HIGHWAY. VEHICLE ACCELERATES/ HEADLIGHTS, AND WARNING LIGHT ILLUMINATES AT THE SAME TIME BEFORE VEHICLE SHUTS DOWN. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

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