



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 231

Date Received

28-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8002941

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	Vehicle Model	Vehicle Year	Current Odometer Reading		
2MEFM75W0YX601537	FORD	GRAND MARQUIS	2000			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE ACCELERATING THERE IS A LOUD NOISE COMING FROM ABS SYSTEM. DEALER HAS BEEN CONTACTED, CAN'T DUPLICATE PROBLEM. *AK

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.



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/holline

FOR AGENCY USE ONLY 231	
Defect Reported 2/18/00 2/25/00 2/28/00 3/1/00 3/4/00 3/7/00 3/10/00 3/13/00 3/16/00 3/19/00 3/22/00 3/25/00 3/28/00 3/31/00 4/3/00 4/6/00 4/9/00 4/12/00 4/15/00 4/18/00 4/21/00 4/24/00 4/27/00 4/30/00 5/3/00 5/6/00 5/9/00 5/12/00 5/15/00 5/18/00 5/21/00 5/24/00 5/27/00 5/30/00 6/2/00 6/5/00 6/8/00 6/11/00 6/14/00 6/17/00 6/20/00 6/23/00 6/26/00 6/29/00 7/2/00 7/5/00 7/8/00 7/11/00 7/14/00 7/17/00 7/20/00 7/23/00 7/26/00 7/29/00 8/1/00 8/4/00 8/7/00 8/10/00 8/13/00 8/16/00 8/19/00 8/22/00 8/25/00 8/28/00 8/31/00 9/3/00 9/6/00 9/9/00 9/12/00 9/15/00 9/18/00 9/21/00 9/24/00 9/27/00 9/30/00 10/3/00 10/6/00 10/9/00 10/12/00 10/15/00 10/18/00 10/21/00 10/24/00 10/27/00 10/30/00 11/2/00 11/5/00 11/8/00 11/11/00 11/14/00 11/17/00 11/20/00 11/23/00 11/26/00 11/29/00 12/2/00 12/5/00 12/8/00 12/11/00 12/14/00 12/17/00 12/20/00 12/23/00 12/26/00 12/29/00 1/1/01 1/4/01 1/7/01 1/10/01 1/13/01 1/16/01 1/19/01 1/22/01 1/25/01 1/28/01 1/31/01 2/3/01 2/6/01 2/9/01 2/12/01 2/15/01 2/18/01 2/21/01 2/24/01 2/27/01 2/28/01	Od_or rt_dh ad_rt up_itr
Reference No. 8002941	

OWNER INFORMATION (Type or Print)

35986

Do you authorize the manufacturer of your vehicle? YES NO
 In the absence of your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 2/18/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2MEFM75W0YX601537	Vehicle Make FORD	Vehicle Model GRAND MARQUI	Vehicle Year 2000	Current Odometer Reading 4956
Purchase Date 12/28/00	Dealer's Name Longwood Lincoln Mercury		Engine Size CID/CCA 4.6L/11	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Longwood	State FL	No. Cylinders 8	
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 checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC ANTI-SKID SYSTEM Anti-Lock Brake System	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures Every Time you start car	Date(s) of Failure(s) 12/28/00	Mileage at Failure(s) 162	Vehicle Speed at Failure(s) Approx 12 KM/H 7.5 MPH
Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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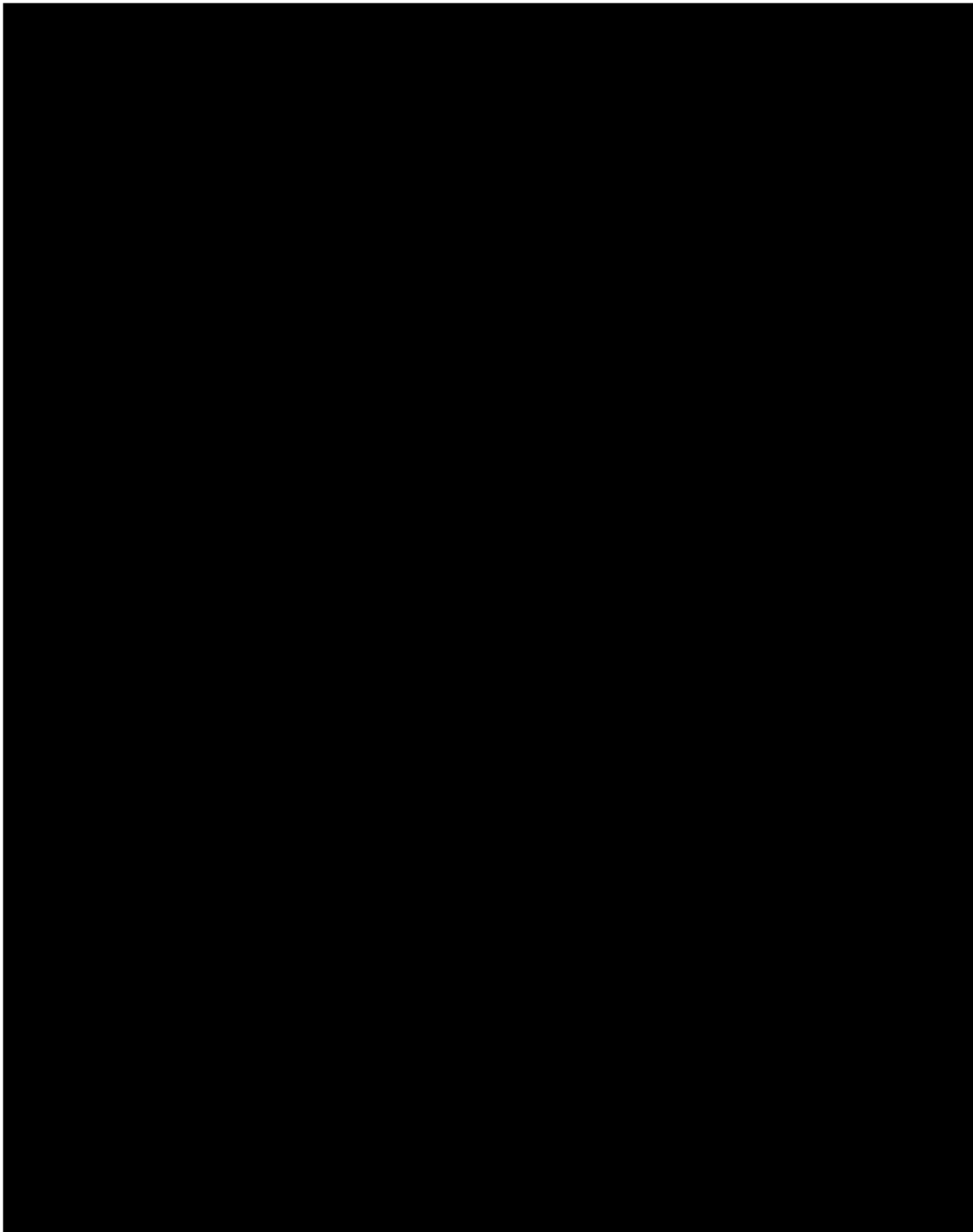
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

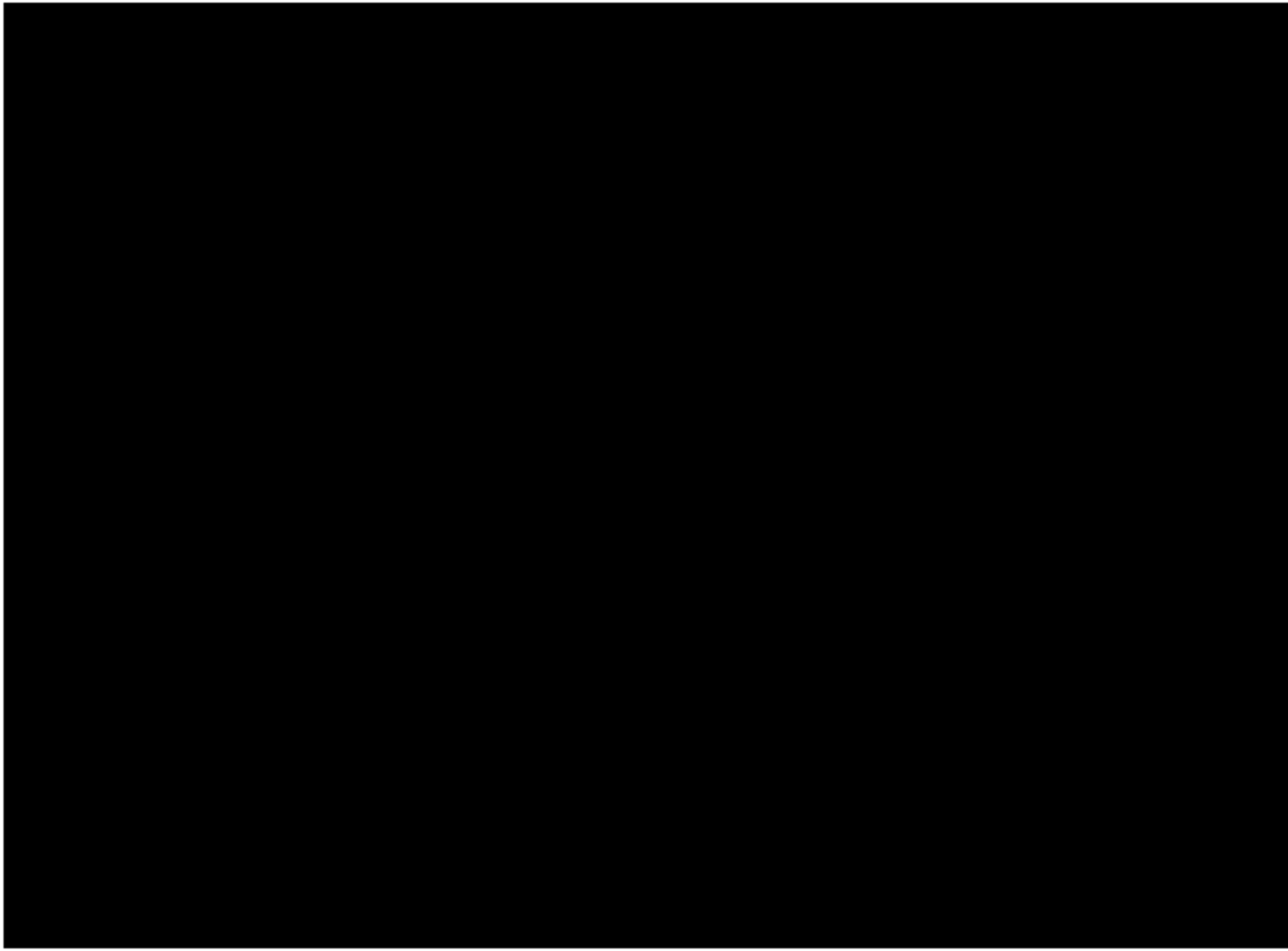
WHILE ACCELERATING THERE IS A LOUD NOISE COMING FROM ABS SYSTEM. DEALER HAS BEEN CONTACTED, CAN'T DUPLICATE PROBLEM. *AK

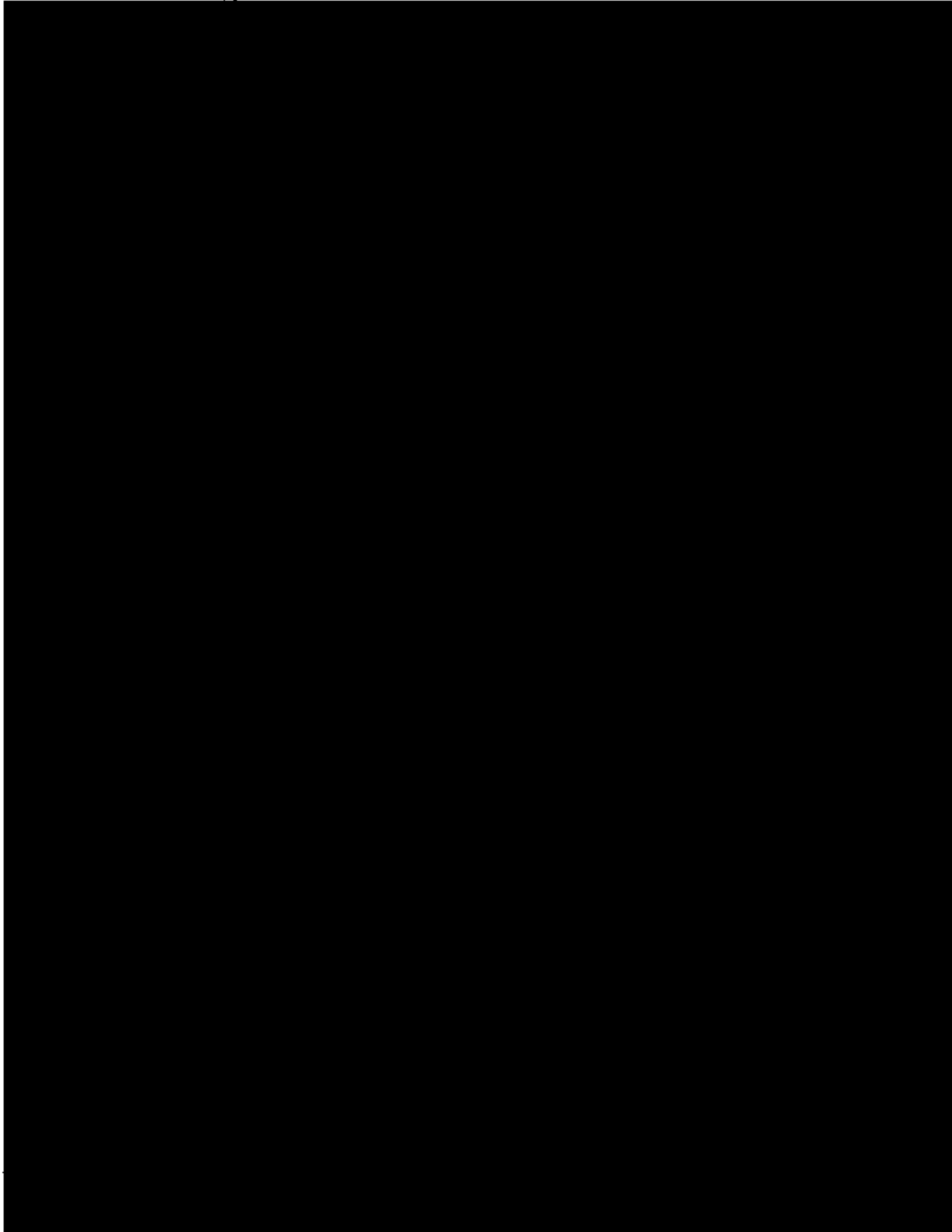
see Enclosed letter Documents

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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