



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

05-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8003578

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1MEL6249SH6233481	MERCURY	COUGAR	1995			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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 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 05210000	Part Name(s) ENGINE COOLING SYSTEM:RADIATOR	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) 01-JAN-2002 Mileage at Failure(s) 98 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------	------------------------------------------------------------------	---------------------------	----------------------	--------------------------	-------------------------------------------------------------------------------

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

A GREEN FLUID WAS LEAKING FROM THE ENGINE COMPARTMENT. DEALER WAS CONTACTED, LOCATED CRACKS IN RADIATOR. INFORMED CONSUMER ANTI-FREEZE WAS LEAKING. PLEASE PROVIDE FURTHER DETAILS. *AK

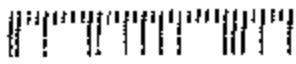
CONTINUE ON REVERSE

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.

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 1038			
Date Received <u>05-FEB-2002</u>		Office <u>DEFECTS INVESTIGATION</u>		Od or rt_dt _____ od_rt _____ up_itr _____			
OWNER INFORMATION (Type or Print)				Reference No. 8003578			
[Redacted]		737531		Work Number _____ Home Num [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.)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner [Redacted]				Date <u>2/15/02</u>			
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1ME6249SH6233481		Vehicle Make MERCURY	Vehicle Model COUGAR	Vehicle Year 1995	Current Odometer Reading 96,773		
Purchase Date _____		Dealer's Name <u>STRAUB Lincoln/Mercury</u>		Engine Size <u>3.8</u> <input type="checkbox"/> Turbo (CID/CCIL) <u>V6</u> <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Gas City <u>Hazlet</u> State <u>NJ</u> Zip Code _____ No Cylinders <u>6 cyl.</u> <input checked="" type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 Be <input type="checkbox"/> Passengerside Airbag		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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 05210000	Part Name(s) ENGINE COOLING SYSTEM RADIATOR possible engine block crack, internal engine leak.			Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures	Date(s) of Failure(s) <u>01-JAN-2002</u>		Mileage at Failure(s) <u>96</u>	Vehicle Speed at Failure(s) _____	Failed Part(s) <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>NA</u>	Number of Fatalities <u>NA</u>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
A GREEN FLUID WAS LEAKING FROM THE ENGINE COMPARTMENT. DEALER WAS CONTACTED, LOCATED CRACKS IN RADIATOR. INFORMED CONSUMER ANTI-FREEZE WAS LEAKING. PLEASE PROVIDE FURTHER DETAILS. *AK							

CONTINUE ON BACK IF NEEDED

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Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW

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



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U.S. G.P.O. 1982-62-971/8000

Our car has been displaying the behavior of slipping
engine coolant (anti-freeze) back into pavement/drainways
since approximately 6 months after purchase. Well within
the warranty period. Upon the realization that we did
have a serious problem, we contacted the dealer we pur-
chased from only to tell several times that they were
unable to find the problem. Thinking we had no other
resources we lived with the problem, until recently when
the problem has gotten much worse. Almost daily I have
to top the problem (add new anti-freeze) to prevent engine
overheating. Now that our warranty has expired, the car
dealer is willing to let us run at our expense. I feel
this is my opinion, no just another stamp of a manufacturer
not standing behind their own product! Maybe American car
manufacturers ought to start following Honda's lead!

NARRATIVE DESCRIPTION (CONTINUED)

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

TIRE IDENTIFICATION NO. *									
D	O	T							
MANUFACTURER/TIRE NAME									
SIZE									

INFORMATION ON TIRE FAILURES (IF APPLICABLE)

Read to show Return Address (no stamp needed) Fasten with tape or staple and mail