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 241	
Date Received: 26-FEB-2002	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ op_ltr ____ ____
	Reference No.: 8004550

[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
4M2XV11T1XDJ07022	MERCURY TRUCK	VILLAGER	1999	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(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
06410000	FUEL:**THROTTLE** LINKAGES AND CONTROL:PEDAL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 05-FEB-2002 Mileage at Failure(s 97000 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

ACCELERATOR PEDAL INTERMITTENTLY STICKS FROM A STOP POSITION OR WHEN COASTING AT A LOW SPEED. DEALER WAS NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

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 241

Date Received: 26-FEB-2002

OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
dp_ltr

Reference No. 8004550

OWNER INFORMATION (Type or Print)

[redacted]

Work Number
Home N[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
in the absence of an a[redacted] to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/1/2002

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
4M2XV11T1XDJ07022	MERCURY TRUCK	VILLAGER	1999	

Purchase Date: 7/10/2001 [ ] New [X] Used

Dealer's Name: Carmax

City: Kennesaw State: GA Zip Code: 30144

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

[ ] Turbo [ ] Diese [ ] Gas [X] Fuel Injectio

Transmission Type: [ ] Manual [X] Automatic

Antilock Brakes: [X] Yes [ ] No

Restraint System: [X] 3-Point Belt [ ] Motorbelt [ ] Driverside Airbag [ ] 2-Point Bel [ ] Passengerside Airbag

Cruise Contro: [X] Yes [ ] No

Drive Trai: [X] Front [ ] Rear [ ] 4-Wheel

Vehicle Type: [ ] Car [ ] Sport Uti [X] Van [ ] Truck [ ] M.nivan [ ] Motorcycle [ ] Other ___

Body Style: [ ] 2-Door [X] 4-Door [ ] Stationwagon [ ] Pick Up [ ] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Componen:	Part Name(s)	Location	Failed Part(s)
06410000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	[ ] Left [ ] Right [ ] Front [ ] Rear	[ ] Original [ ] Replacement

No of Failures	Date(s) of Failure(s): 05-FEB-2002 Mileage at Failure(s): 27000 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)

ACCELERATOR PEDAL INTERMITTENTLY STICKS FROM A STOP POSITION OR WHEN COASTING AT A LOW SPEED. DEALER WAS NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

Dealer repaired parts under warranty. Recommends service soon in future. Owner questions why this part/system continues to fail or need service - it is a safety hazard

CONTINUE ON BACK IF NEEDED