

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 798 | |
|--|---------------------------------|
| Date Received 02 MAR 21 AM 27-FEB-2002 | Model or Year _____ |
| OFFICE DEFECTS INVESTIGATION | Reference No. 8004677 |
| | Work Number _____ |
| Home No. _____ | |

OWNER INFORMATION (Type or Print)

_____ 0925

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, please print name and address to the vehicle manufacturer.
 Signature of Owner _____ Date **03/08/02**

VEHICLE INFORMATION

| | | | | |
|---|--|--|---|--|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) NIA 4M 2D 455P 7VW1 25192 | Vehicle Make MERCURY TRUCK | Vehicle Model MOUNTAINEER | Vehicle Year 1997 | Current Odometer Reading 51,604 |
| Purchase Date APRIL 1999 | Dealer's Name Honda | | Engine Size (CID/CC/L) 8 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City Fresno | State CA | Zip Code _____ | |
| 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 type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <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 checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | | Sport Utility Truck <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> | | Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|--|--|---|---|
| Component 10312000 | Part Name(s) VISUAL SYSTEMS: WINDSHIELD WIPER: MOTOR | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement |
| No of Failures 2 | Date(s) of Failure(s) 17-FEB-2002 | Mileage at Failure(s) 51000 | Vehicle Speed at Failure(s) _____ |
| Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | | NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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)

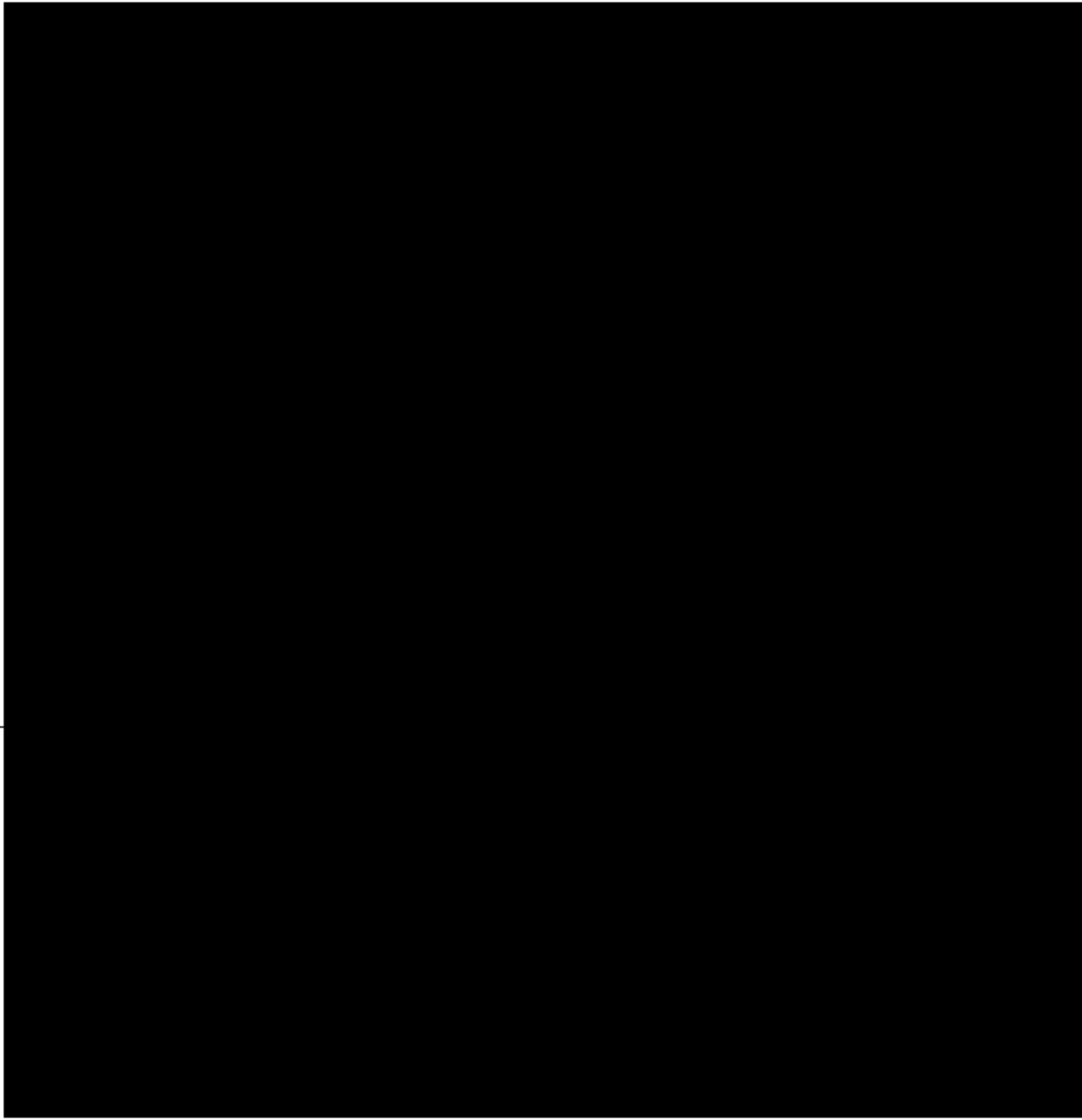
| | | | | | |
|--|---|---------------------------------------|----------------------------------|---------------------------------------|---|
| Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage 0 | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---------------------------------------|---|

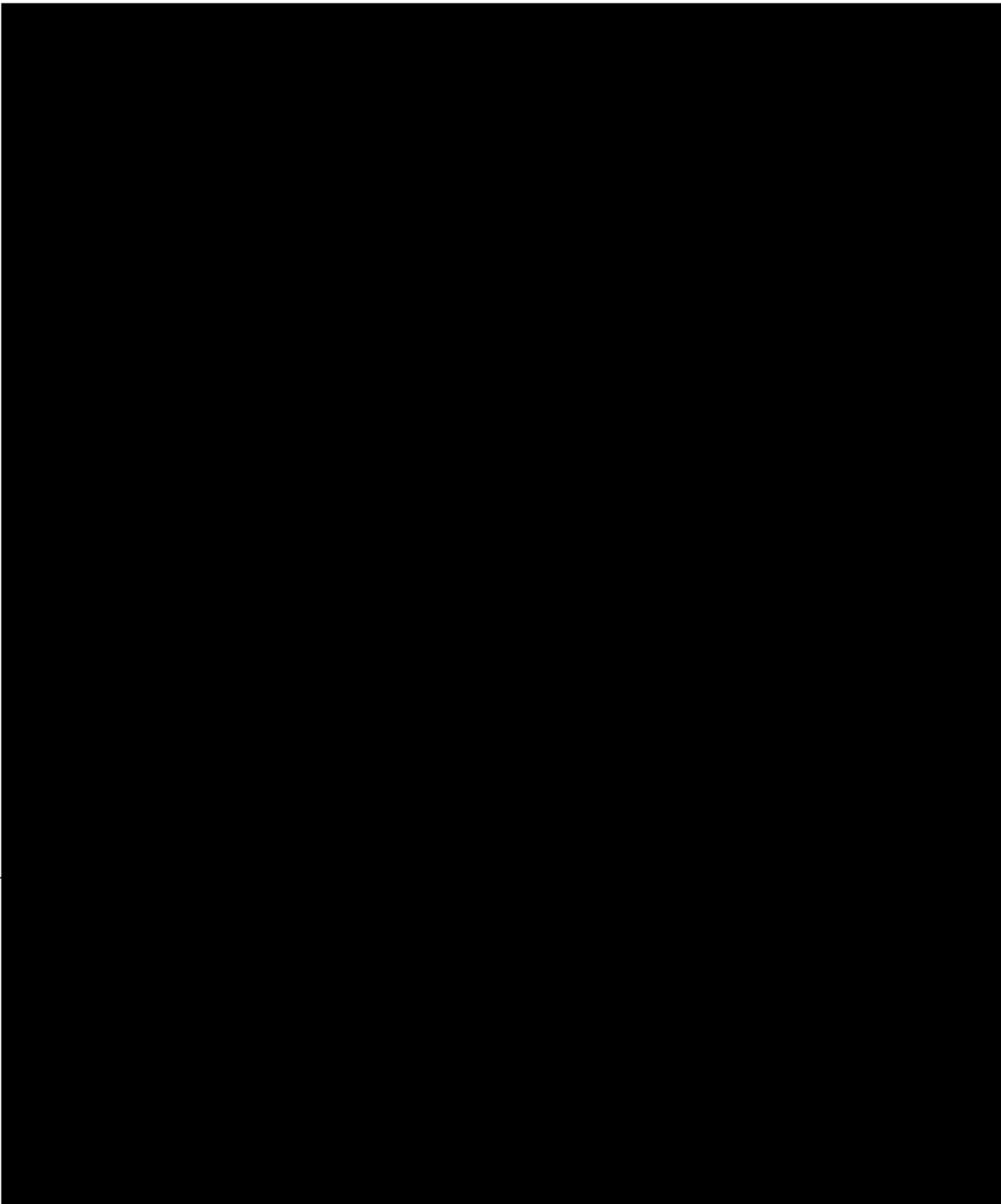
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD WIPERS WILL INTERMITTENTLY WORK, NONE OF THE SPEEDS EXCEPT HIGHEST SPEED WILL WORK. CONTACTED DEALER, AND THE DEALER IS NOT WILLING TO DO ANYTHING.*AK The highest speed also fails w/o warning, leaving wipers blocking drivers view - Dealer said there wasn't a problem - however a "mechanic" I spoke with elsewhere says he sees this failure -

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

(Page 1 through Page 3)







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 798

Date Received

27-FEB-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8004677

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

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|--|--|---|--|---|---|--|
| Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| N/A | MERCURY TRUCK | MOUNTAINEER | 1997 | | | |
| 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 | | |
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| | | | |
|-----------------------|---|--|--|
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| No of Failure | Dates of Failure(s) 17-FEB-2002 Mileage at Failure(s) 51000 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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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 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.