

**National Highway
Traffic Safety
Administration**

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Date Received

28-FEB-2002

Od_or _____
rt_dt _____
od_rt _____
up_lr _____

Reference No.

8004798

Signature of Owner _____ **Date** ____/____/____

Vehicle Ident. No. (VIN) (Location at bottom of and to the left of dashboard)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1BWST61L1X5670241	MERCURY	COUGAR	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio
☐ New ☒ Used	City State Zip Code	No Cylinders	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utility ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

Component 02130000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 27-FEB-2001 Mileage at Failure(s) 44130 Vehicle Speed at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NIITSA Previously ☐ Yes ☐ No

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

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☐ No
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CONTROL ARM BROKE WHILE DRIVING IN A PARKING LOT. DEALER / MANUFACTURER WERE NOTIFIED AT THIS TIME *AK

CCNIP-UE 2018: 8 - 11-10

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 241

Date Received

28-FEB-2002

Od or
ri_dt
od_rt
up_itr

Reference No.

8004798

OWNER INFORMATION (Type or Print)

741212

PAMPA

TX

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 6/4/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side)

2F
1XWST61L1X567D241

Vehicle Make

MERCURY

Vehicle Model

COUGAR

Vehicle Year

1999

Current Odometer Reading

44340

Purchase Date

12-29

Dealer's Name DIFFEE LINCOLN Mercury

Engine Siz
(CID/CC/L)

No Cylinders 6

☐ Turbo
☒ Diesel
☐ Gas
☐ Fuel Injection

☐ New ☒ Used

City EL RENO State OK Zip Code 73036

Transmission Type

☐ Manual

☒ Automatic

Antilock Brakes

☒ Yes

☐ No

Restraint System

☒ 3-Point Belt

☒ Driverside Airbag

☒ Passengerside Airbag

☐ Motorbelt

☐ 2-Point Belt

Cruise Control

☒ Yes

☐ No

Drive Train

☒ Front

☒ Rear

☒ 4-Wheel

Vehicle Type

☒ Car

☐ Van

☐ Minivan

☐ Other

☐ Sport Utl

☐ Truck

☐ Motorcycle

Body Style

☒ 2-Door

☐ 4-Door

☐ Stationwagon

☐ Pick Up

☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
02130000

Part Name(s)

SUSPENSION;INDEPENDENT FRONT CONTROL ARM;UNKNOWN

Location

☒ Left

☒ Front

☐ Right

☐ Rear

Failed Part(s)

☒ Original
☐ Replacement

No. of Failures

2

Date(s) of Failure(s) 27-FEB-2001

Mileage at Failure(s) 44132

Vehicle Speed at Failure(s) 10 mph

Failed Part(s)

☒ Yes

☐ No

NHTSA Previously

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Fatalities

0

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

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

CONTROL ARM BROKE WHILE DRIVING IN A PARKING LOT. DEALER / MANUFACTURER WERE NOTIFIED AT THIS TIME.*AK

CONTINUE ON BACK IF NEEDED

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