



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 1367**

Date Received

02-APR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8006842

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 side of dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE FILL IN	MERCURY	GRAND MARQUIS	1997			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 12112300	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:P	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) _____ 19-MAR-2002 Mileage at Failure(s) _____ 57000 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	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)

**DURING A HEAD-ON COLLISION PASSENGER'S SIDE AIRBAG DEPLOYED, RELEASING A LIQUID THAT BURNED PASSENGER.\*AK**

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.



DOT Auto Safety Hotline

### Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

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

#### OWNER INFORMATION (Type or Print)

746405

Reference No. 8006842

DEFECTS INVESTIGATION OFFICE  
02-APR-2002  
02 APR 22 PM 2:27

1367

FOR AGENCY USE ONLY

Vehicle Ident. No. (VIN) (Located at bottom of window in driver's side)  
2MELW7WV71R1E13  
Vehicle Make MERCURY  
Vehicle Model GRAND MARQUIS  
Vehicle Year 1997  
Current Odometer Reading 53,000 Miles

Purchase Date Sep 97  
Dealers Name NICK MYERS LINCOLN MERCEDES  
City WESTVILLE State OH Zip Code 45385  
Engine Size (CID/CYL) 8  
No Cylinders 8  
Fuel Injection Turbo Diesel Gas

Transmission Type Automatic  
Antilock Brakes Restraint System  
3-Point Belt  
Driver's Side Airbag  
Passenger's Side Airbag  
Cruise Control Drive Train  
Front 4-Wheel  
Rear 4-Wheel  
Vehicle Type Car  
Van  
Minivan  
Motorcycle  
Sport Util  
Truck  
Body Style 2-Door  
4-Door  
Stationwagon  
Pick Up  
Truck

Component 12112300  
Part Name(s)  
Location  
Left  
Right  
Front  
Rear  
Failed Parts  
Replacement  
Original

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

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  
DURING A HEAD-ON COLLISION PASSENGER'S SIDE AIRBAG DEPLOYED, RELEASING A LIQUID THAT BURNED PASSENGER, AK  
PASSENGER SUFFERED FACIAL BURNS & HAIRBURNS, HIS BODY AND RIGHT ARM, BACK CLOTHES & A BROWN TURTLE NECKED VEST VERY SCARS FROM IMPACT

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CONTINUE ON BACK IF NEEDED