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 758

Date Received: 25-APR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8008634

[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
ADD	MERCURY TRUCK	VILLAGER	1996	

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
06136000	FUEL:FUEL PUMP	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	20-JAN-2000	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 70000		
	Vehicle Speed at Failure(s)		

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)

THERE WAS A STRONG FUEL SMELL WHEN STARTING VEHICLE. DEALER REPLACED FUEL PUMP.*AK

CONTINUE ON A SEPARATE SHEET

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

RECEIVED 02 NOV -1 PM 3:12 OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 758

Date Received: 25-APR-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 8008634

[redacted]

750466

WORCESTER MA 01604

Work Numbe [redacted]
Home Numbe

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
in the absence of a [redacted] *dress to the vehicle manufacturer.*

Signature of Owne [redacted] Date 5/6/2002

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
4M2DV11W7TDJ18572 ADD	MERCURY TRUCK	VILLAGER	1996	71,693

Purchase Date: 7/1998
☐ New ☒ Used

Dealer's Name: LEOMINSTER MERCURY
City: LEOMINSTER State: MA Zip Code: 01453

Engine Siz (CID/CC/L: ____
No Cylinders: 4
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System.	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Poin: Belt ☐ Mctorbelt ☐ 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 MINIVAN

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08136000	FUEL:FUEL PUMP	☐ Left ☐ Right ☐ Front ☒ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	20-JAN-2000	☒ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s) 70000		
	Vehicle Speed at Failure(s)		

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 N/A

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

THERE WAS A STRONG FUEL SMELL WHEN STARTING VEHICLE. DEALER REPLACED FUEL PUMP.*AK Fuel pump was not replaced by dealer. The fuel pump failed while I was out of state. I had to pay a garage $500 to replace the fuel pump with a new one made by mercury

CONTINUE ON BACK IF NEEDED