



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 1220

Date Received

09-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009503

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 above windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 4M2DV11W0SDJ32967 | MERCURY TRUCK | VILLAGER | 1995 | | | |
| 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 | | |
| Transmission Type <input type="checkbox"/> Manual <input 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <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 12130000 | Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS | 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) _____ Mileage at Failure(s) _____ 60000 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

ELECTRONIC SEAT BELT WHICH COMES ACROSS THE SHOULDER AND CHEST HAS MALFUNCTIONED. IT MAKES A GRINDING NOISE, AND THE BELT DOES NOT COME ACROSS THE SHOULDER ANY MORE. TOOK TO DEALER. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

COPIED FROM NHTSA FORM 37

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

Vehicle Owner's Questionnaire (VOQ)
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1220
 Date Received: 09-MAY-2002
 OFFICE OF SAFETY INVESTIGATION
 Reference No. 8009503
 Work Number: [REDACTED]
 Home Number: [REDACTED]

OWNER INFORMATION (Type or Print)
 [REDACTED] 753167
 TOLSA OK [REDACTED]

Do you own the vehicle? YES NO
 In the absence of the owner, is the vehicle being returned to the manufacturer of your vehicle?
 Signature: [REDACTED] Date: 5/31/2002

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side): 4M2DV11W1SDJ32967
 Vehicle Make: MERCURY TRUCK
 Vehicle Model: VILLAGER
 Vehicle Year: 1995
 Current Odometer Reading: 5-31-2002 61,780

Purchase Date: 5-29-97
 Dealer's Name: FORD OF TULSA
 City: TULSA State: OK Zip Code: 74145
 New Used

Engine Size (CID/CC/L): 6
 No. Cylinders: 6
 Turbo Diesel Gas Fuel Injectio

Transmission Type: Automatic
 Antilock Brakes: Yes
 Restraint System: 3-Point Belt, Driverside Airbag, Motorbelt, 2-Point Belt, Passengerside Airbag
 Drive Train: Front, Rear, 4-Wheel
 Vehicle Type: Van
 Body Style: 2-Door, 4-Door, Stationwagon, Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12130000
 Part Name(s): INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS
 Location: Left Front, Right Rear
 Failed Part(s): Original, Replacement
 No. of Failures: 3
 Date(s) of Failure(s): 2-5-2001, 5-30-2001, 4-12-2002
 Mileage at Failure(s): 20,580, 52,896, 60,550
 Vehicle Speed at Failure(s): [REDACTED]
 NHTSA Previously: Yes, No
 Remarks: BREAKS WHEN STOPPED

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: [REDACTED]
 Number of Fatalities: [REDACTED]
 Estimated Property Damage: [REDACTED]
 Reported to Police: Yes, No

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

ELECTRONIC SEAT BELT WHICH COMES ACROSS THE SHOULDER AND CHEST HAS MALFUNCTIONED. IT MAKES A GRINDING NOISE, AND THE BELT DOES NOT COME ACROSS THE SHOULDER ANY MORE. TOOK TO DEALER. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

SHOULDER, ELECTRIC REPLACE 3 TIMES WITHIN 1 YEAR
 1-2-5-2001
 2-5-30-2001
 3-4-1-2002
 WE MANUALLY DISCONNECT AND RECONNECT SHOULDERS NOW TO TRY TO SAVE THEM EACH TIME WE STOP TO GO. WE WERE STOPPED 1 TIME BY HIGHWAY PATROL MAN/REAR

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SEAT BELT WAS BROKEN & IN DOWN