



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

20-MAY-2002

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

Reference No.

8010103

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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | 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 03250000 06400000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL | 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) _____ 15-JAN-1998 Mileage at Failure(s) _____ 62000 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 C | 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)

VEHICLE ACCELERATED ON ITS OWN, CONSUMER APPLIED BRAKES, BUT VEHICLE CONTINUED. VEHICLE SIDE SWIPED A PARKED VEHICLE, THEN HIT A IRON FENCE. NO INJURIES, PLEASE ADD AMOUNT OF DAMAGE TO VEHICLE.*AK

COPIES OF THIS FORM ARE:

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 | | 758 |
|---------------------|--------|---------|
| Date Received | Od_or | _____ |
| 20-MAY-2002 | rt_dt | _____ |
| | od_rt | _____ |
| | up_ltr | _____ |
| Reference No. | | 8010103 |

OWNER INFORMATION (Type or Print)

754820

TULSA OK

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of _____ name and address to the vehicle manufacturer.

Signature of Owner _____ Date 5/31/2002

VEHICLE INFORMATION

| | | | | | | |
|---|---|--|---|--|--|--|
| Vehicle Ident. No. (VIN.) (Located in bottom of windshield on driver's side) | Vehicle Mak | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 4M2DV11W0SDJ32967 | MERCURY TRUCK | VILLAGER | 1995 | 61,780 | | |
| Purchase Date 5-29-94 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name FORD OF TULSA HITS MEMORIAL DR 41145 City TULSA State OK Zip Code | Engine Siz (CID/CC/L) No Cylinders 6 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | Cruise Contro <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Trail <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |

FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location | Failed Part(s) |
|----------------------|--|--|---|
| 03250000 06400000 | BRAKES:HYDRAULIC;ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) 15-JAN-1998 Mileage at Failure(s) 25188 Vehicle Speed at Failure(s) BRAKES & TOLLING | Failed Part(s) <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities | Estimated Property Damage 453125 + | Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--------------------------------|----------------------|---------------------------------------|---|

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

VEHICLE ACCELERATED ON ITS OWN, CONSUMER APPLIED BRAKES, BUT VEHICLE CONTINUED. VEHICLE SIDE SWIPED A PARKED VEHICLE, THEN HIT A IRON FENCE. NO INJURIES, PLEASE ADD AMOUNT OF DAMAGE TO VEHICLE.*AK I WAS PARKED GETTING READY TO BACK OUT A PARKING SPACE IN A PRIVATE PARKING @ TRUE VALUE HARDWARE STORE ON W HARDARD. THERE WAS A CAR BEHIND ME WAITING TO PULL OUT. MY CAR ACCELERATED IN REVERSE & SIDE SWIPE A PARKED PICKUP & WAS STOPPED BY A IRON FENCE THIS HAPPENED 1-3-98 & MY CAR WAS IN SHOP UNTIL 1-23-1999. OVER

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

MY INS (FARMERS) PAID FOR MY LESS 500 DEDUCTIBLE (WHICH I PAID) + REPAIR ON THE PICKUP + FENCE BUT I LOST MY PERFECT-DRIVERS DEDUCTION FOR 3 YRS ON MY INS WHICH INCREASED MY INS 300-400 A YEAR. I WAS WITHOUT A CAR FROM JAN 3 - JAN 23. THE FORD PEOPLE TRIED TO CONVINC ME MY FOOT SLIPPED OF BRAKE + HIT THE ACCELERATED BUT ONCE I HIT THE FENCE MY CAR STOPPED + THERE WAS NO ACCELERATION SOUND. IN FEBRUARY 79 I SAW THE DATELINE PROGRAM NBC + THAT IS THE SAME THING THAT HAPPENED TO MY CAR. IT WAS CAUSED BY THE PROBLEM WITH THE CRUISE CONTROLS ON FORD/MERCURY CARS + PICKUPS 48-98. I CALD 1800-392-3673 TW DELVA @ FORD HOME OFC? ABOUT RECALLS FOR MY CAR. SHE ADVISED NO RECALL ON CRUISE CONTROL OR CABLE ON MY CAR VIN # BUT MAKE A MEMO REPORT THAT I CALLED. SINCE MY WRECK I HAVE TALKED WITH PEOPLE WHO OWN FORD/MERCURY PRODUCTS + HAVE SIMILAR INCIDENTS TO STOP A CAR. YOU NEED TO TURN OFF THE KEY OR WEIGH 300 # + STOMP ON BRAKE VERY HARD.

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

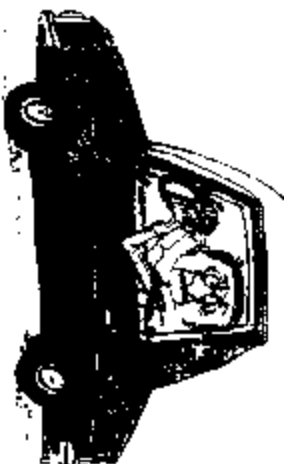
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BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/hotline

**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)**

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