



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

21-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
ip\_lr \_\_\_\_\_

Reference No.

8010217

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)<br><small>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                        |
| 2MELM74W4VX658324                                                                                   |                                                                        | MERCURY                                                                                                                                                                                                      | GRAND MARQUIS                                                          | 1997                                                                                                                                         |                                                                                                                                                                                                                                                 |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                                                                                              | Engine Size<br>(CID/CC/L _____)                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                              | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                                                                                 |
| Transmission Type                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                             | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                                     |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                                                                      |
|                                                                                                     |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                   |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                |                                                                                                                                          |                                                                                             |
|-----------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06610000 | Part Name(s)<br>EXHAUST SYSTEM:MANIFOLD:ENGINE | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 02-APR-2002                | Failed Part(s)                                                                                                                           | NHTSA Previously                                                                            |
|                       | Mileage at Failure(s) 66000                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
|                       | 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE DRIVING CONSUMER NOTICED STEAM COMING FROM ENGINE. VEHICLE WAS TAKEN TO MECHANIC, PLASTIC ENGINE INTAKE MANIFOLD WAS CRACKING AT THE SEAM.\*AK

CONTINUE 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                              |  | <b>FOR AGENCY USE ONLY 758</b><br>Date Received <u>21 MAY 2002</u><br>OFFICE DEFECTS INVESTIGATION<br>Reference No. <u>8010217</u><br>Work Number _____<br>Home Number _____                                                                                                                                                                              |  |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="display: flex; justify-content: space-between;"> <div>           [Redacted]<br/> <b>YOUNGSVILLE</b><br/>           [Redacted]         </div> <div>           [Redacted]<br/> <b>LA</b><br/>           [Redacted]         </div> <div> <b>755058</b> </div> </div>                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorized signature, your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>6/7/02</u>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                           |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>2MELM74W4VX658324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Vehicle Make <b>MERCURY</b><br>Vehicle Model <b>GRAND MARQUIS</b><br>Vehicle Year <b>1997</b><br>Current Odometer Reading <b>64046</b>                                                                                                                                                                                                                    |  |
| Purchase Date <u>March 97</u><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Dealer's Name <u>Signature Lincoln</u><br>City <u>Lafayette</u> State <u>La</u> Zip Code <u>70555</u><br>Engine Size (CID/CC/L) <u>4.6</u><br>No. Cylinders <u>8</u><br><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection                                                                                      |  |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag |  |
| Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Drive Train<br><input type="checkbox"/> Front 4-Wheel <input checked="" type="checkbox"/> Rear 4-Wheel                                                                                                                                                                                                                                                    |  |
| Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                        |  | Body Style<br><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck                                                                                                                                                      |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                           |  |
| Component <b>06610000</b><br>Part Name(s) <b>EXHAUST SYSTEM:MANIFOLD:ENGINE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Location<br><input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear                                                                                                                                                                                                                                                                       |  |
| No. of Failures <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |
| Date(s) of Failure(s) <u>02-APR-2002</u><br>Mileage at Failure(s) <u>64000</u><br>Vehicle Speed at Failure(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(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 checked="" type="checkbox"/> No<br>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Number of Persons Injured _____<br>Number of Fatalities _____<br>Estimated Property Damage _____<br>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                           |  |
| WHILE DRIVING CONSUMER NOTICED STEAM COMING FROM ENGINE. VEHICLE WAS TAKEN TO MECHANIC, PLASTIC ENGINE INTAKE MANIFOLD WAS CRACKING AT THE SEAM. AK<br><i>The replaced intake manifold (according to mechanic) has metal inside to strengthen manifold. If car was manufactured with internal manifold would possibly not failed. The dealers repair supervisor</i>                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                           |  |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                           |  |
| 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 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. |  |                                                                                                                                                                                                                                                                                                                                                           |  |

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

tells me the cars are still being made with just plastic manifolds. I have old manifold in my possession. Knowing this I may not have bought car or at least I would have purchased extended warranty. I own a 1994 model, it is made of all metal. With no problems. Every mechanic knows about problem and all of them have repaired many vehicles. I don't believe with the extreme pressure at manifold, plastic is a part that would last very long. The manufacturer has to know this.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

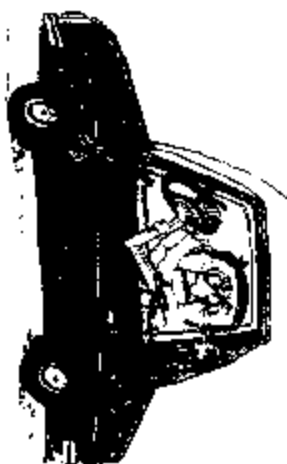
**DASH2DOT**

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)**

***(Page 1 through Page 3)***

