



Auto Safety Hotline

Vehicle Owner's Questionnaire

FOR AGENCY USE ONLY 241

Date Received

Other

[Redacted content]

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 241</p> <p>Date Received: <u>07-JUN-2002</u></p> <p style="text-align: center;">OFFICE OF SAFETY INVESTIGATION</p> <p>Reference No. <u>8011266</u></p>
<p>OWNER INFORMATION (Type or Print)</p> <p>Address: <u>LEEBOURG FL</u> Zip: <u>757818</u></p> <p>Work Phone: _____ Home Phone: _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of your signature, the name and address to the vehicle manufacturer.

Signature of Owner: _____ Date: 06/19/02

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>2MELM75W5VX674563</u>	Vehicle Make <u>MERCURY</u>	Vehicle Model <u>MARQUIS</u>	Vehicle Year <u>1997</u>	Current Odometer Reading <u>92099</u>	
Purchase Date <u>11/12/97</u>	Dealer's Name <u>MOSEK MOTORS</u>		Engine Size (CID/CC/L) <u>3</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>BEVVE</u>	State <u>IN</u>	Zip Code <u>46714</u>	No Cylinders <u>3</u>	
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" 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
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02132000</u>	Part Name(s) <u>SUSPENSION; INDEPENDENT FRONT CONTROL ARM; UNKNOWN I</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>02-JUN-2002</u>	Mileage at Failure(s) <u>92000</u>	Vehicle Speed at Failure(s) _____
Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <u>2</u> <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 checked="" type="checkbox"/> No	Number of Persons Injured <u>- 0 -</u>	Number of Fatalities <u>- 0 -</u>	Estimated Property Damage <u>AUTO \$2,000+</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE PULLING INTO THE GARAGE RIGHT FRONT BALL JOINT BROKE. DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

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

RIGHT FRONT BALL JOINT POPPED OFF AT RESIDENT GARAGE DOOR
& FRAME OF CAR FELL ONTO CEMENT DRIVEWAY. REPAIRS INCLUDED
FRONT ARM BUSHING & JOINT SPINDLE FRONT WHEEL FRONT LINK ASSEY
WHEEL ASY-CAR FRONT SENSOR ASSY FRONT BUMP SHIELD NEW
RIM FOR TIRE & NEW TIRE. THE TIRE FELL OFF THE AUTO.
I HOPE THERE ARE NO MORE FORD MOTOR CO. AUTOS ON THE
HIGHWAY WITH THIS TYPE DEFECT. ONLY BY THE GRACE OF
GOD WAS MY LIFE & THAT OF MY WIFE SAVED.

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



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

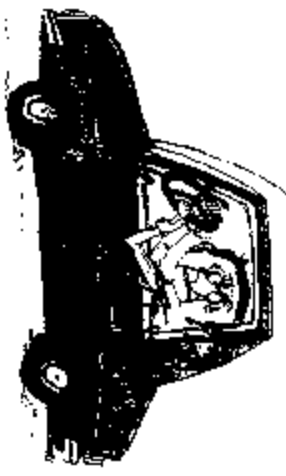
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

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>