



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 1375

Date Received

02-JUL-2002

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rp_lr

Reference No.

8013233

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
1MELM65L4TK623197	MERCURY	MYSTIQUE	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<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	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<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 08113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	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) _____ 100000 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IF GAS TANK IS FILLED TO CAPACITY, GAS WILL LEAK FROM UNDERCARRIAGE OF CAR. CONSUMER UNABLE TO DETERMINE WHERE LEAK IS COMING FROM.*AK

COPIED FROM NHTSA FORM 101

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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

Harleville SC
 762500
 Work Number
 Home Number

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: 7/18/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1MELM65L4TK623197
 Vehicle Make: MERCURY
 Vehicle Model: MYSTIQUE
 Vehicle Year: 1996
 Current Odometer Reading: 99,580

Purchase Date: New Used
 Dealer's Name: East End Motor Co.
 City: Montgomery State SC Zip Code: 29115
 Engine Size (CID/CCL): No Cylinders: Turbo Diesel Gas Fuel Injection

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt Driver Side Airbag Passenger Side Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Sport Ute Truck Motorcycle
 Body Style: 2-Door 4-Door Station Wagon Truck Pick Up

Component: 06113000
 Part Name(s): FUEL:FUEL TANK ASSEMBLY:TANK
 Location: Front Left Right Rear
 Failed Part(s): Original Replacement

No. of Failures: East End Motor Co.
 Date(s) of Failure(s):
 Mileage at Failure(s): 10000
 Vehicle Speed at Failure(s):
 Failed Part(s):
 NHTSA Previously: Yes No

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

IF GAS TANK IS FILLED TO CAPACITY, GAS WILL LEAK FROM UNDERCARRIAGE OF CAR.
 CONSUMER UNABLE TO DETERMINE WHERE LEAK IS COMING FROM. AK

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured:
 Number of Fatalities:
 Estimated Property Damage:
 Reported to Police: Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

CONTINUE ON BACK IF NEEDED

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FOR AGENCY USE ONLY
 1375
 Date Received: 02-JUL-2002
 Office: DEFECTS INVESTIGATION
 Reference No.: 8013233
 Work Number: [Redacted]
 Home Number: [Redacted]

Form Approved O.M.B. No. 2127-0006