

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1375</p> <p>Date Received 02-AUG-2002</p> <p>Office OFFICE OF DEFECTS INVESTIGATION</p>		<p>Od_or _____ rt_dt _____ od_ft _____ up_ltr _____</p> <p>Reference No. 8015433</p>							
<p>OWNER INFORMATION (Type or Print)</p> <p>GREELEY CO</p>						<p>Work Number _____ Home Number _____</p>							
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>						<p>Signature of Owner _____ Date ____/____/____</p>							
<p align="center">VEHICLE INFORMATION</p>													
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>4M2DV11W5SDJ91741</p>		<p>Vehicle Make</p> <p>MERCURY TRUCK</p>		<p>Vehicle Model</p> <p>VILLAGER</p>		<p>Vehicle Year</p> <p>1995</p>		<p>Current Odometer Reading _____</p>					
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>			<p>Engine Siz (CID/CCL) _____</p> <p>No Cylinders _____</p>		<p><input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>						
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>		<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>		<p>Cruiase Control</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Motorcycle</p>		<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck</p>	
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>													
<p>Component</p> <p>12111200</p>		<p>Part Name(s)</p> <p>INTERIOR SYSTEMS-PASSENGER RESTRAINTS-AIR BAG-FRONTA</p>			<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original Replacement</p>						
<p>No of Failure</p>		<p>Date(s) of Failure(s) 26-JUL-2002</p> <p>Mileage at Failure(s) 84000</p> <p>Vehicle Speed at Failure(s) _____</p>			<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p align="center">APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>													
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Fire</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Number of Persons Injured _____</p>		<p>Number of Fatalities _____</p>		<p>Estimated Property Damage _____</p>		<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>													
<p>VEHICLE WAS HIT IN THE REAR BY ANOTHER VEHICLE TRAVELLING APPROXIMATELY 45MPH. CONSUMER'S VEHICLE WAS AT A STOP, AND THE IMPACT PUSHED IT INTO CAR IN FRONT. DRIVER'S AIR BAG DID NOT DEPLOY.*AK</p>													

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 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.