

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1388 Date Rec'd: <u>03 JAN 12 PM 10:30</u> 30-OCT-2002 OFFICE DEFECTS INVESTIGATION Reference No. <u>8021909</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) O FALLON MO		Signature of Owner _____ Date <u>10/19/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <u>2MEFM75W41R690463</u> PLEASE PROVIDE	Vehicle Make <u>MERCURY</u>	Vehicle Model <u>GRAND MARQUE</u>	Vehicle Year <u>2001</u> Current Odometer Reading <u>81252</u>
Purchase Date _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City <u>LAWRENCE</u> State <u>MO</u> Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" 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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 <u>12110000</u>	Part Name(s) <u>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <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>23-OCT-2002</u> Mileage at Failure(s) <u>75000</u> Vehicle Speed at Failure(s) <u>30-32 MPH</u>	Failed Part(s) Available? <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 <u>2</u>	Number of Fatalities _____
Estimated Property Damage <u>\$8,000</u>		Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) CONSUMER STATES THAT WHEN HIT IN THE FRONT CENTER OF THE VEHICLE THE AIR BAG DID NOT DEPLOY CAUSING INJURIES TO THE CONSUMER. DEALER NOTIFIED TS			

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.

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

WHILE DRIVING HOME W/MY WIFE (FRONT PASSENGER) + SON (REAR)
WE CAME TO AN INTERSECTION. A FORD F150 PLU TRUCK MADE AN
ILLEGAL LEFT TURN IN FRONT OF MY CAR. MY CAR SCRUCK THE PLU
T-BONE IN FRONT OF REAR WHEEL. DAMAGE TO MY CAR WAS IN
THE RIGHT FRONT + CENTER. THE IMPACT WAS STRONG ENOUGH TO
KNOCK THE REAR AXEL OFF OF THE PLU BUT MY AIR BAGS DID
NOT INFLATE. MY WIFE TOOK MOST OF THE IMPACT + NOW HAS
3 DISC INJURIES IN HER NECK + A HARRENING OF THE SPINAL
CANAL. SHE ALSO REINJURED HER RIGHT KNEE.

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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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

and dial toll free at

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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National Highway Traffic Safety
Administration
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