

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 125

Date Received

17-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857099

 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) (Listed at front of windshield or drivers side) 4M2XV11T0XDJ21907	Vehicle Make MERCURY TRUC	Vehicle Model VILLAGER	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	☐ Diesel
			☐ Gas
			☐ Fuel Injection

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09005000	Part Name(s) LIGHTING: GENERAL OR UNKNOWN COMPONENT: TAIL LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER RECEIVED RECALL LETTER CONCERNING TAIL LIGHT SOCKET RECALL NUMBER 99V347001, NO PARTS AVAILABLE TO REMEDY PROBLEM.

CONTINUED ON BACK (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.

 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 125 Date Received <u>17-FEB-2000</u> OFFICE DEFECTS INVESTIGATION Reference No. 857099 Work Number <u>[REDACTED]</u> Home Number <u>[REDACTED]</u>	
OWNER INFORMATION (Type or Print) 591337			
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 send information to the vehicle manufacturer. Signature of Owner <u>[REDACTED]</u> Date <u>3/7/00</u>			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4M2XV11T0XDJ21907		Vehicle Make MERCURY TRUC Vehicle Model VILLAGER Vehicle Year 1999 Current Odometer Reading 09,871	
Purchase Date _____ ☒ New ☒ Used		Dealer's Name <u>Crest Lincoln Mercury</u> City <u>WOODBRIDGE</u> State <u>CT</u> Zip Code <u>06515</u> Engine Size (CID/CC/L) _____ No Cylinders _____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☒ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☒ Van ☒ Minivan ☐ Other _____ ☐ Sport Ut ☐ Truck ☐ Motorcycle	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 09205000	Part Name(s) LIGHTING: LAMP OR SOCKET: TAIL LIGHTS		Location ☐ Left ☐ Front ☒ Right ☒ Rear
Failed Part(s) ☒ Original ☐ Replacement		No of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☒ 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)			
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER RECEIVED RECALL LETTER 99V347 CONCERNING TAIL LIGHT SOCKET. NO PARTS AVAILABLE TO REMEDY PROBLEM. *AK <u>As of this date 3/7/00 still no replacements received</u>			
CONTINUE ON BACK IF NEEDED			
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