

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 117**

Date Received

23-FEB-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857422

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>FILL IN</b>	MERCURY TRUC	MOUNTAINEER	1997	

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 Injection
<input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 05210000	Part Name(s) ENGINE COOLING SYSTEM:RADIATOR	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 Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 42 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

RADIATOR LEAKS AROUND THE PLASTIC TANK WHICH IS CONNECTED TO CORE OF RADIATOR. PROBLEM HAPPENS ONLY WHEN WEATHER IS COLD. ONCE VEHICLE HAD OVERHEATED WHEN IT DID NOT LEAK. CONTACTED DEALERSHIP & INFORMED VEHICLE OUT OF WARRANTY & NO RECALLS OR BULLETINS ON VEHICLE. \*AK

CONTINUED ON BACK PLEASE

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.



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### Vehicle Owner's Questionnaire (VOQ)

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Date Received: GO MAR 27 AM 8:00  
 Office: DEFECTS INVESTIGATION OFFICE  
 Telephone No.: 857422

Work Number: 592212  
 Home Number: 592212

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

In the absence of an authorized signature, please provide your name and address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 3/18/2000

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side): FILL IN 4m2D55FXVU7J150

Vehicle Make: MERCURY TRUC Vehicle Model: MOUNTAINEER Vehicle Year: 1997 Current Odometer Reading: 42167

Purchase Date: 1-20-99 Dealer's Name: CATER LINCOLN MERCURY City/State: Yonkers NY Zip Code: \_\_\_\_\_

Engine Size (CID/GAL): 6.7 No. Cylinders: 8 Turbo:  Diesel:  Gas:  Fuel Injection:

Transmission Type:  Automatic  Manual  
 Antilock Brakes:  Yes  No  
 Restraint System:  3-Point Belt  Motorized  2-Point Belt  Driver-side Airbag  Passenger-side Airbag

Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Sport/UTV  Truck  Motorcycles  Other  Car  Van  Minivan  Stationwagon  4-Door  2-Door  Body Style:  Pick Up Truck  Other

Component: 06210000 Part Name(s): ENGINE COOLING SYSTEM, RADIATOR

Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement

No. of Failures: \_\_\_\_\_ Date(s) of Failure(s): \_\_\_\_\_ Mileage at Failure(s): 42 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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CONTINUE ON BACK IF NEEDED