



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 156

Data Received 24-MAR-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 859125	

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> 1MELM66L1SK652735	Vehicle Make MERCURY	Vehicle Model MYSTIQUE	Vehicle Year 1995	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

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

Component 06430000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:FLEXIBLE	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
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No. of Failures	Date(s) of Failure(s) 09-MAR-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 30		
	Vehicle Speed at Failure(s) _____		

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)

WHILE DRIVING VEHICLE IN HIGHWAY SPEEDS THROTTLE CABLE BROKE, VEHICLE WAS NOT ABLE TO ACCELERATE AND STALLED WHICH COULD HAVE CAUSED A CRASH. DEALER REPLACED THE THROTTLE CABLE. PLEASE PROVIDE FURTHER INFORMATION. *AK

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 156</p>	
<p>Date Received <u>20 MAR 12 AM</u> 24-MAR-2000 OFFICE DEFECTS DIVISION</p>		<p>Od or <u>rd</u> rd <u>dr</u> od <u>rf</u> up <u>ltr</u></p>		<p>Reference No. 859125</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted]</p>				<p>Work Number <u>na</u> Home Number [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized signature, please provide name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner [Redacted]</p>		<p>Date <u>7 15 2000</u></p>			
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1MELM66L1SK652735</p>		<p>Vehicle Make MERCURY</p>	<p>Vehicle Model MYSTIQUE</p>	<p>Vehicle Year 1995</p>	<p>Current Odometer Reading 2</p>
<p>Purchase Date <u>7/95</u></p>		<p>Dealer's Name <u>COUNTRY FORD 210 Conansie Ave</u> <u>LEWISTOWN</u> State <u>NY</u> Zip Code <u>11756</u></p>		<p>Engine Size (CID/VCC/L) _____ No Cylinders <u>6</u></p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input 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</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>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 _____</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 06430000</p>	<p>Part Name(s) FUEL THROTTLE LINKAGES ACCELERATOR FLEXIBLE</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) <u>09-MAR-2000</u> Mileage at Failure(s) <u>30</u> Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage _____</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WHILE DRIVING VEHICLE IN HIGHWAY SPEEDS THROTTLE CABLE BROKE, VEHICLE WAS NOT ABLE TO ACCELERATE AND STALLED WHICH COULD HAVE CAUSED A CRASH. DEALER REPLACED THE THROTTLE CABLE. PLEASE PROVIDE FURTHER INFORMATION. *AKA Private mechanic - See attached bill for repairs. Details on other side.</p>					
<p>CONTINUE ON BACK IF NEEDED</p>					
<p>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.</p>					

