

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 241

Date Received

30-MAR-2000

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

Reference No.

859431

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
1MELM624XSH662191	MERCURY	COUGAR	1995	

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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Other _____

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

Component 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <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) 24-MAR-2000 Mileage at Failure(s) 55000 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
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## 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)

ENGINE HEAD GASKET FAILED WHILE TRAVELING ON THE STREET AT 35 MPH. SMOKE WAS COMING FROM TAIL PIPE. VEHICLE TAKEN TO DEALER SHOP, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVERED UNDER MANUFACTURER'S EXTENDED WARRANTY. \*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.

DOT Auto Safety Hotline				FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		Date Received <b>RECEIVED</b> <b>30-MAR-2000</b> 5:58 <b>OFFICE OF SAFETY INVESTIGATION</b>	
OWNER INFORMATION (Type or Print)				Reference No. <b>859431</b>	
[Redacted] <b>599774</b>				Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized representative, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]				Date <b>4-11-00</b>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>1MELM624XSH662191</b>		<b>MERCURY</b>	<b>COUGAR</b>	<b>1995</b>	<b>55437</b>
Purchase Date <b>10/97</b>	Dealer's Name <b>DELAWARE AUTO SALES</b>		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <b>DOVER</b>	State <b>DE</b>	Zip Code <b>19904</b>	No. Cylinders <b>V-6</b>	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle					
Body Style					
<input checked="" type="checkbox"/> 2-Door <input 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 <b>05150021</b>	Part Name(s) <b>ENGINE:GASKET FAILURE</b> <b>HEAD GASKET FAILURE</b>		Location		Failed Part(s)
			<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>1</b>	Date(s) of Failure(s) <b>24-MAR-2000</b>		Failed Part(s) Available?		NHTSA Previously Contacted?
	Mileage at Failure(s) <b>55000</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Speed at Failure(s) <b>35 MPH</b>					
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
Crash	Fire	Number of Persons injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>N/A</b>	<b>N/A</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<b>ENGINE HEAD GASKET FAILED WHILE TRAVELING ON THE STREET AT 35 MPH. SMOKE WAS COMING FROM TAIL PIPE. VEHICLE TAKEN TO DEALER SHOP, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVERED UNDER MANUFACTURER'S EXTENDED WARRANTY. *AK</b>					
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.					

411682

FREDERICK FORD-MERCURY, INC.  
ROUTE 13 SCOTT  
SEAFORD, DELAWARE 19773

302-624-4553

"A member of the HERTZ Family of Automobile Dealerships"

AMERICAN

HERTZ

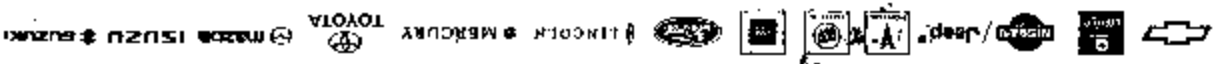
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HERTZ



112924	1 LINDA T. HARMAN	59	03/30/70	03/30/70	03/28/70
112924	1 LINDA T. HARMAN	59	03/30/70	03/30/70	03/28/70
112924	1 LINDA T. HARMAN	59	03/30/70	03/30/70	03/28/70
112924	1 LINDA T. HARMAN	59	03/30/70	03/30/70	03/28/70

LABOR 1 CHARGES  
JOB# 1 CHARGES  
END MECHANICAL WORK  
TECH(S) 131  
748.00

PERFORM OIL CHANGE/FILTER IMICE, ENGINE MILKY  
PERFORM NOS DIAG, MISFIRE CODE, REPLACED 2 OXYGEN SENSORS,  
AND GASKET, REPLACED 6 SPARK PLUGS, NOW CHECK ENGINE LITE ON  
HEAD GASKETS, CLEANED AREA, REASSEMBLED, REPLACED THERMO  
CYLINDER PLUMB, BRAIN COOLANT, DISASSEMBLED ENGINE, REPLACED  
PRESSURE TEST SYSTEM, NO EXTERNAL LEAKAGE, CHECK PLUGS, NO 3  
BROWN HEAD GASKETS  
COOLANT LEAK

QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE
8	F48Z-6065-B	BOLT-MIXI 5X8	3.38	3.38
8	F48Z-6065-A	BOLT-MIXI 5X1	3.42	3.42
10	XD-5W30-OSP	MOTOR OIL 5W30	3.26	3.26
8	E2E2-19349-AM	FLYWD-COOLANT	2.30	2.30
2	E4FZ-6731-AR	FILTER - DIL A	5.58	5.58
3	AMSF-44C	PLUG	2.42	2.42
1	ESAZ-8255-A	OSKT-WTR DUTLE	1.48	1.48
1	F58Z-8575-A	THERMOSTAT ASSY	6.62	6.62
1	F48Z-6078-A	GASKET SET WLV	174.14	174.14
2	F48Z-9F47Z-A	SENSDR WCV - L	73.00	73.00
1	F30Z-10D48-A	SENSDR WCV - R	30.96	30.96
TOTAL - PARTS			748.00	748.00

JOB# 1 TOTALS  
LABOR PARTS  
JOB# 1 JOURNAL PREFIX F003 JOB# 1 TOTAL  
MISC - MISC  
JOB # A  
SS SHOP SUPPLIES  
CONTROL NO  
ESTIMATE  
CUSTOMER HERBERY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$1300.00 (+TAX)  
TECHNICIAN CERTIFICATION  
HAROLD Q COOK  
4475

PERSONAL SERVICE PLEDGE

We have made a commitment to Quality Customer Service. We pledge to do our best to ensure your satisfaction with your vehicle, from pre-delivery through warranty and retail service. If you should experience difficulty with your vehicle, please let us know. We'll correct it to the best of our ability. If you are not completely satisfied, please call our Service Manager.

