

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 150

Date Received

30-MAR-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

859474

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
1MELN50U0V0602625	MERCURY	SABLE	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 checked="" type="checkbox"/> New <input 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input 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 01310000	Part Name(s) STEERING:POWER ASSIST:PUMP	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) 13000 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)

POWER STEERING PUMP FAILED AT 13,000 MILES DUE TO A DEFECTIVE CORE. DEALER REPLACED IT ANOTHER PUMP WHICH ALSO BECAME DEFECTIVE WITHIN 2 DAYS.*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.

U.S. Department of Transportation National 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 OFFICE USE ONLY 160	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				Date Received 00 JUN 12 AM 9:05 30-MAR-2000 OFFICE EFFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted]				Reference No. 859474	
Signature of Owner _____				Work Number _____ Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 4/12/00	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1MELN50U0V0602625		Vehicle Make MERCURY	Vehicle Model SABLE	Vehicle Year 1997	Current Odometer Reading 14,823
Purchase Date JAN 1997		Dealer's Name _____		Engine Size (CID/CC/L) _____	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City WPD State FL Zip Code _____		No. Cylinders 6	
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 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 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	Sport Ut <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 01310000	Part Name(s) STEERING:POWER ASSIST:PUMP		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 3	Date(s) of Failure(s) _____ Mileage at Failure(s) 13000 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 checked="" 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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>POWER STEERING PUMP FAILED AT 13,000 MILES DUE TO A DEFECTIVE CORE. DEALER REPLACED IT ANOTHER PUMP WHICH ALSO BECAME DEFECTIVE WITHIN 2 DAYS. ALSO the 3rd Pump Failed that was put in on 4/13/00 AT NORTH PALM BEACH STORE. THE MILEAGE WAS 14187. WE ARE CLAIMING THE VEHICLE ONLY WHEN WE REALLY HAVE TOO. WE DO NOT WANT THE STEERING PARTS. WE HAD MADE MANY TRIPS TO THE DOCTOR'S OFFICE, PLUS THE HOSPITAL FOR BOTH IN-HOUSE.</p>					
CONTINUE ON BACK IF NEEDED					
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INVOICE

PAGE 1

SERVICE ADVISOR: 1483 TIM ELSMORE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
WHITE	1997	MERCURY SABLE	1MELM50U0VA602625		14187/14187	T239
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
01JAN1997			WAIT 13APR00		0.00	CASH
R.O. OPENED	READY	OPTIONS: DLR:38A071				

07:48 13APR00	10:44 13APR00	LIST	NET	TOTAL
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A CUSTOMER STATES POWER STEERING MAKING WHINING NOISE WHEN TURNING
 CHECK AND ADVISE
 CAUSE: DIAG AND REPLACED POWER STEERING PUMP ASSY, RET EST AFTER
 REPAIRS
 3674D POWER STEERING PUMP-FLOW & PRESSURE TEST
 DIAGNOSIS
 1340 W94 (N/C)
 1 F6DZ*3A674*EARM REMAN PUMP ASSY-PWR (N/C)
 STNG-REMAN (N/C)
 3 F7AZ*3F823*AA FLUID-PWR/STR. 48-12 OZ CONTAI (N/C)
 1*388898*S SEAL .515 ID "0" RING (N/C)
 3674A PUMP - POWER STEERING (3A674) - REMOVE AND
 INSTALL OR REPLACE
 1340 W94 (N/C)
 FC: C50 42
 PART#: F6DZ*3A674*EARM
 COUNT:
 CLAIM TYPE: SPW
 AUTH CODE:
 0061

DIAG AND REPLACED POWER STEERING PUMP ASSY, RET EST AFTER REPAIRS

 LIC: A REF. RO: 163644 SVC PART THIS MISC. CHARGE REPRESENTS COSTS AND
 DATE: 03/20/00 SVC PART PROFIT TO THE DEALER FOR ITEMS SUCH AS
 DISTANCE: 519 MISC. SHOP SUPPLIES AND ENVIRONMENTAL
 EXPENSES.
 ***** NEW SERVICE HOURS *****
 MONDAY - FRIDAY 7:00AM TO 7:00PM
 SATURDAY 8:00AM TO 3:00PM

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER	DESCRIPTION	TOTALS
	The factory warranty constitutes all of the warranties with respect to the sale of the item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this vehicle.	LABOR AMOUNT	0.00
		PARTS AMOUNT	0.00
		GAS, OIL, FLUIDS	0.00
		SUBLET AMOUNT	0.00
		MISC. CHARGES	0.00
		TOTAL CHARGES	0.00
		LESS INSURANCE	0.00
		SALES TAX	0.00
		PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY

Completed 4/12/00

**STUART
LINCOLN-MERCURY MITSUBISHI**

3801 S.E. FEDERAL HIGHWAY • STUART, FL 34997

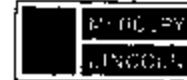
TELEPHONE: (561) 283-6000

MV-27883 MV-27684

754

1 6 3 6 4 4

INVOICE



PAGE 1

SERVICE ADVISOR: 4050 JERRY HINOJOSA

MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
SABLE	1MELM50U0VA602625		13668/13668	T355	
EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
	17:00 20MAR00			CASH	20MAR2000

WARRANTY DATE: 20MAR00

DESCRIPTION	LIST	NET	TOTAL
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A CUSTOMER STATES STEERING MAKES A NOISE...SOP IN N58 3674A PUMP - POWER STEERING (3A674) - REMOVE AND INSTALL OR REPLACE 7476 CL		190.32	190.32
1 F6DZ*3A674*EARM REMAN PUMP ASSY-PWR STNG-REMAN	193.80	193.80	193.80
1 XT*2*QDX FLUID-AUTO TRANS 1QT "MERCON"	5.63	5.63	5.63
13668 RR AND REPLACE POWER STEERING PUMP AS PER 3.OHR *****			
CUSTOMER PAY MISC. CHARGE FOR REPAIR ORDER			7.61

THIS MISC. CHARGE REPRESENTS COSTS AND PROFIT TO THE DEALER FOR ITEMS SUCH AS MISC. SHOP SUPPLIES AND ENVIRONMENTAL EXPENSES.

SERVICE HOURS MON THRU FRI 7AM TO 6PM
IF YOU ARE NOT COMPLETELY SATISFIED,
CALL YOUR SERVICE ADVISOR



DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturers of those products. This dealership hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and this dealership neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

X
SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	190.32
PARTS AMOUNT	199.43
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	7.61
TOTAL CHARGES	397.36
LESS INSURANCE	0.00
SALES TAX	27.82
PLEASE PAY THIS AMOUNT	425.18

CUSTOMER COPY

2198754

163349

STUART LINCOLN-MERCURY MITSUBISHI

3801 S.E. FEDERAL HIGHWAY • STUART, FL 34987

TELEPHONE: (561) 283-6000

MV-27683 MV-27684

INVOICE



PAGE 1

SERVICE ADVISOR: 4050 JERRY HINGJOSA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
WHITE	1997	MERCURY SABLE	1MELM50U0VA602625		13587/13587	T980	
IN SVC. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN1997			17:00 15MAR00			CASH	15MAR2000

DATE OF REPAIR	CUST. NOTIFIED DATE	OPTIONS:
08:12 15MAR00	11:25 15MAR00	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES BRAKES SQUEEK ADVISE N27
 NC NO CHARGE
 7476 CL 0.00 0.00

13587 TEST DRIVE NORMEL NPF

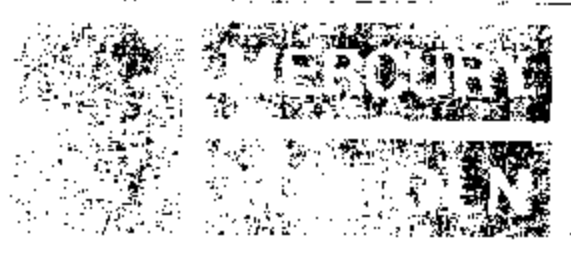
B CUSTOMER STATESZ HUMMING SOUND FROM ENGINE AND POWER STEERING MOANS
 AND VIBRATES TURNING SHARP N58
 NC NO CHARGE
 7476 CL 0.00 0.00

13587 CUST IS COMING BACK WHEN POWER SEERING PUMP IS IN NO CHARGE

THIS MISC. CHARGE REPRESENTS COSTS AND
 PROFIT TO THE DEALER FOR ITEMS SUCH AS
 MISC. SHOP SUPPLIES AND ENVIRONMENTAL
 EXPENSES.

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	LABOR AMOUNT	0.00
	PARTS AMOUNT	0.00
	GAS, OIL, LUBE	0.00
	SUBLET AMOUNT	0.00
	MISC. CHARGES	0.00
	TOTAL CHARGES	0.00
	LESS INSURANCE	0.00
	SALES TAX	0.00
	PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY