

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 436**

Date Received

22-MAY-2000

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

Reference No.

862307

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
NOT AVAILABLE	MERCURY	GRAND MARQUI	1988	

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 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 06400000	Par. Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	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) 18-MAY-2000 Mileage at Failure(s) _____ 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 checked="" type="checkbox"/> Yes <input 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)**

CONSUMER PUT VEHICLE IN REVERSE & IT SHOT BACK ACROSS A SMALL INTERSECTION INTO A DITCH. CONSUMER THOUGHT IT MIGHT BE A THROTTLE PROBLEM. DEALER INSPECTED VEHICLE & FOUND NOTHING WRONG, BUT SEEMED HESITANT TO PUT IT IN WRITING ON SERVICE PAPER. \*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 436 Date Received: <b>RECEIVED</b> <b>00 JUN -8 PM 3:</b> <b>22-MAY-2000</b> <b>OFFICE</b> <b>SAFETY INVESTIGATION</b></p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. <b>862307</b></p>	
<p>Signature of Owner: [Redacted]</p>				<p>Work Number: [Redacted] Home Number: [Redacted]</p>	
<p>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.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>					
<p>Signature of Owner: [Redacted] Date: <b>6/1/2000</b></p>					
<b>VEHICLE INFORMATION</b>					
<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <b>2MEBN74525Y654721</b> <b>NOT AVAILABLE</b></p>		<p>Vehicle Make <b>MERCURY</b></p>	<p>Vehicle Model <b>GRAND MARQUI</b></p>	<p>Vehicle Year <b>1988</b></p>	<p>Current Odometer Reading <b>82923</b></p>
<p>Purchase Date <b>2/24/97</b></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name <b>PALM AUTOMOTIVE GROUP</b> City <b>PUNTA GORDA</b> State <b>FLA</b> Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____ No Cylinders _____</p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" 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</p>		<p>Cruise Control <b>YES</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Sport Utility Truck <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</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>	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
<p>Component <b>09400000</b></p>	<p>Part Name(s) <b>FUEL THROTTLE LINKAGES AND CONTROL</b></p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) <b>18-MAY-2000</b> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) <b>NOT KNOWN</b></p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <b>NONE</b></p>	<p>Number of Fatalities <b>NONE</b></p>	<p>Estimated Property Damage <b>NONE</b></p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>					
<p><b>CONSUMER PUT VEHICLE IN REVERSE &amp; IT SHOT BACK ACROSS A SMALL INTERSECTION INTO A DITCH. CONSUMER THOUGHT IT MIGHT BE A THROTTLE PROBLEM. DEALER INSPECTED VEHICLE &amp; FOUND NOTHING WRONG, BUT SEEMED HESITANT TO PUT IT IN WRITING ON SERVICE PAPER. *AK THIS CAR REVERSED OUT OF MY DRIVEWAY AT INCREDIBLE SPEED ONTO A 4 LANE HIGHWAY CRASHED INTO A SWALE, IGNITION SWITCH WOULD NOT TURN OFF. AND CONTINUED ON TWICE ACROSS THE RD. I COULD HAVE BEEN KILLED OR INJURED ANOTHER PERSON. AS THIS IS A VERY BUSY RD, 40MPH IS IGNORED.</b></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>					

*Lynell E. Shilling*

JUN 1 - 2000

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

DOT

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

WIRES BURNT ON BACK OF MANIFOLD  
THROUGH FIRE WALL. WHICH I CHECKED  
BEFORE GOING TO DEALER. JLS.

AFTER DRIVING THIS VEHICLE FOR OVER 2 YEARS AND BEING  
A SAFE DRIVER RATHER STRANGE THIS COULD HAPPEN.

|||||

☆ U.S. G.P.O.: 1992 - 623-697 / 60096

U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Auto Safety Hotline, NEF-11 HL  
400 7th Street, SW  
Washington, DC 20590

JUN 1 - 2000







DOT Auto Safety Hotline

FOR AGENCY USE ONLY 438

U.S. Department  
of Transportation

## Vehicle Owner's Questionnaire (VOQ)

Date Received

22-MAY-2000

FEB 27 2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
tp\_tr \_\_\_\_\_National Highway  
Traffic Safety  
Administration

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

Reference No.

8623 07

## OWNER INFORMATION (Type or Print)

610449

EEC  
Work  
HomeDo 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 contact your name and address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 6/1/2000

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 2MEBM74535Y654721 NOT AVAILABLE	Vehicle Make MERCURY	Vehicle Model GRAND MARQUI	Vehicle Year 1988	Current Odometer Reading 82923		
Purchase Date 2/24/97	Dealer's Name PALM AUTOMOTIVE GROUP		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 PUNTA GORDA State FLA Zip Code		No. Cylinders			
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 0840000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 18-MAY-2000 Mileage at Failure(s) Vehicle Speed at Failure(s) NOT KNOWN	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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CONTINUE ON BACK IF NEEDED

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Lupis &amp; Shilling

JUN 1 - 2000

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MANUFACTURER/TIRE NAME

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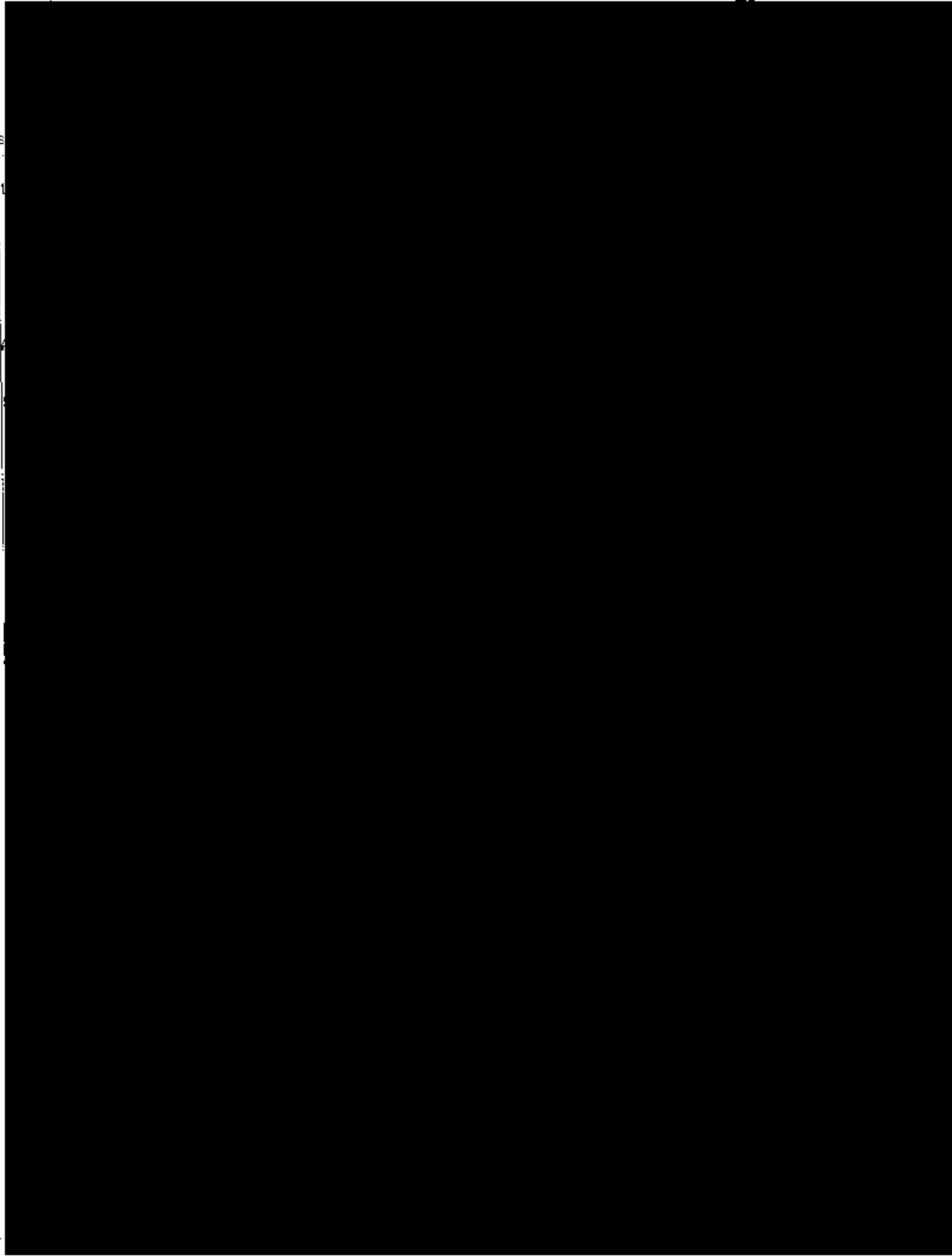
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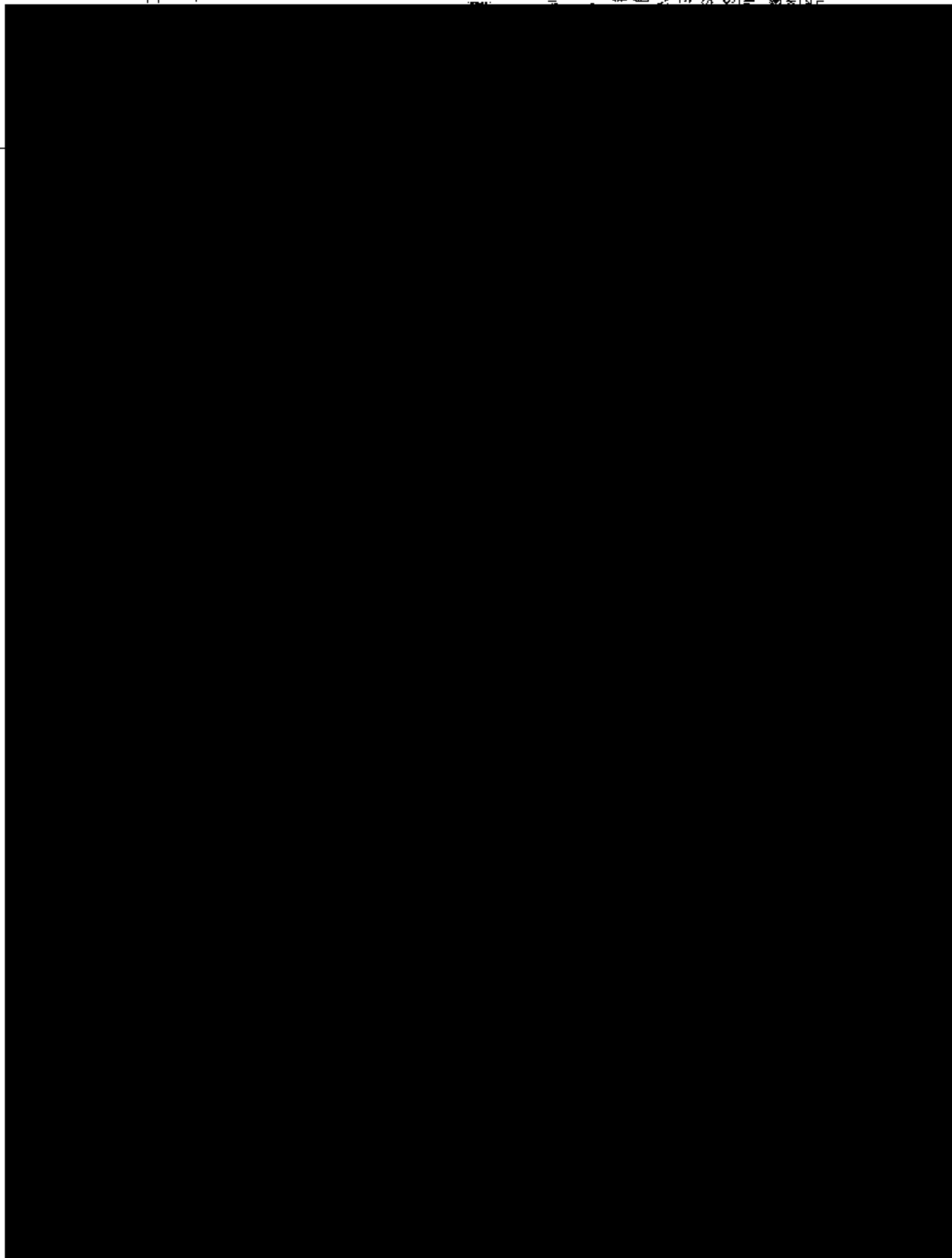
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National Highway Traffic Safety Administration  
Auto Safety Hotline, NEF-11 HL  
400 7th Street, SW  
Washington, DC 20590

JUN 1 - 2000



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