

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

24-MAY-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

862450

 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) (located at front of windshield on drivers side) 2NELN75W2VX728076	Vehicle Make MERCURY	Vehicle Model GRAND MARQUI	Vehicle Year 1997	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

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

Component 01000000	Part Name(s) STEERING	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 17000 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

A LOUD / CLUNKING NOISE WILL OCCUR WHEN TURNING STEERING WHEEL TO LEFT OR TO RIGHT. DEALER CANNOT DETERMINE CAUSE OF DEFECT. *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.

 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 AGENCY USE ONLY 160 RECEIVED JUN 20 PM 1:22 24 MAY 2000 OFFICE OF DEFECTS INVESTIGATION		Od. or rt. dt. _____ od. rt. up. ltr. _____ Reference No. 862450	
OWNER INFORMATION (Type or Print) _____				Work Number _____ Home Number _____			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of a signature, please print name and address to the vehicle manufacturer. Signature of Owner _____ Date 6/8/06							
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) MM 2NELM75W2VX728076		Vehicle Make MERCURY	Vehicle Model GRAND MARQUI	Vehicle Year 1997	Current Odometer Reading 17600		
Purchase Date 2-19-98		Dealer's Name BRIGHT BAY LIN. MERC.		Engine Size (CID/CC/L) _____		☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection	
☒ New ☐ Used		City BAY SHORE State N.Y. Zip Code 11706		No Cylinders 2			
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No		Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag		Cruise Control ☒ Yes ☐ No	
		Drive Train ☐ Front ☒ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 01000000		Part Name(s) STEERING		Location ☒ Left ☒ Right ☒ Front ☐ Rear		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures VARIOUS		Date(s) of Failure(s) VARIOUS Mileage at Failure(s) 17000 Vehicle Speed at Failure(s) VARIOUS		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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
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