

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

197

Date Received

13-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865379

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>(located at bottom of windshield or on vehicle)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2MESM74W7YX662708	MERCURY	GRAND MARQUI	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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"/> Inlateral <input checked="" 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 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures 0	Date(s) of Failure(s) 11-JUL-2000 Mileage at Failure(s) 5500 Vehicle Speed at Failure(s) 0	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	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	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING COULD HIT A POTHOLE OR BUMPS AND CHASSIS WILL MAKE VIBRATION, AND
 COULD FEEL THE VIBRATION ON THE STEERING WHEEL.*AK

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.



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-3 AM 10:24

13-JUL-2000

OFFICE
S INVESTIGATION

Od_or

rt_dt

od_rt

up_itr

Reference No.

865379

OWNER INFORMATION (Type or Print)

620460

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of an YES NO

Signature of Owner

Date 7/19/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle MAKE	Vehicle Model	Vehicle Year	Current Odometer Reading		
2MESM74W7YX662708	MERCURY	GRAND MARQUI	2000	6,000		
Purchase Date Feb 14 - 2000	Dealer's Name <u>ROWAN LINCOLN / Mercury Inc</u>		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>WINTER HAVEN</u> State <u>FL</u> Zip Code <u>33880</u>		No Cylinders <u>8</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" 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 <input type="checkbox"/> Sport Ute <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 02100008	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) <u>11-JUL-2000</u> Mileage at Failure(s) <u>5500</u> Vehicle Speed at Failure(s) <u>0</u>	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 0	Number of Fatalities 0	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 COULD HIT A POTHOLE OR BUMPS AND CHASSIS WILL MAKE VIBRATION, AND COULD FEEL THE VIBRATION ON THE STEERING WHEEL. *AK - WHEN YOU HIT CERTAIN TYPE RIPPLES ON THE ROAD AT HIGHER SPEED (40-70 MPH) REAR OF CAR HOPS TOWARD CENTER LINE OF ROAD (TO THE LEFT) VERY DANGEROUS - NOISE & BANGING THAT IS COMING FROM FRAME/CHASSIS CAN BE FELT THROUGHOUT VEHICLE - SERVICE MGR. AT LOCAL MERCURY AGENCY SAID HE HAS HAD NUMEROUS COMPLAINTS ABOUT MERCURYS & LINCOLNS

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OWNER:
(13291



SERVICE INVOICE
Kindle Auto Plaza
526 STONE HARBOR BLVD.
CAPE MAY COURTHOUSE
NEW JERSEY 08210
SALES: (809) 485-5000 SERVICE: (809) 485-610

RES: 609-524-1423 BUS: CAR:

ARCHIVE FINAL INVOICE # 1 PAGE 1

YEAR / MAKE	MODEL NAME	VEHICLE IDENTIFICATION NUMBER	LICENSE NO.	PIECE NO.	DATE / TIME RECEIVED	JOB NO.	NO. IN
00 Mercury	GRAND MARQ	2M3EPM74W7YX662708		3290	05-11-00 10:47	B55	160017
BODY TYPE	MODEL NO.	COLOR	STOCK NO.	PRDS. DATE	IN. IN. DATE	DELIVERY DATE / TIME	READY DATE / TIME
4DR							05-11-00 15:27

THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS 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, AND THE SELLER NEITHER ASSURES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.

SALE BY	SALES	PHONE NUMBER	CUSTOMER P.L.E. NO.	PROMOTION ID.	SERVICE ADVISOR	OPERATION NO.
	NATR				SMOOT	
VEHICLE TYPE	ACCOM. CODE	AUTHORIZED BY	LABOR RATE	BASE PARTS	Y	APPOINTMENT
SO	XXXXX		60.00		Y	Y
WARRANTIES	DATE / TIME CUSTOMER NOTIFIED					

BILL:	EX. CAR :	CONTACT:
BUS:	POB :	AT:
OPER:	DEPT :	PREPARED BY: TED
RES:	E-MAIL :	

OPERATION QTY	QPCODE PDET NO.	TRCH	TYPE	UNITS	UNIT LIST	UNIT NET	AMOUNT
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(A) Request: CUSTOMER STATES AT 70-80 LEFT SIDE COWL PANEL VIBRATING
 Cause: X
 LABOR: COWL PANEL SIDES R AND L
 D2344AT SZOSTAK W-MX .30 N/C
 Pay # 214
 FC 107 Auth:
 Concern: NSD Program:
 Causal:
 LABOR: INSTALL FOAM TAPE
 MT02344AT SZOSTAK W-MX .20 N/C
 Pay # 214
 FC 107 Auth:
 Concern:
 Causal:

(B) Request: CUSTOMER STATES CAR BOTTOMS OUT WHILE DRIVING VIBRATION REAR END SEEMS LOOSE LIKE IT IS DRIFTING ROAD TEST WITH SERV MGR
 Cause:
 LABOR: NOTHING NOTED
 SZOSTAK W-MN N/C
 Pay # 214

INITIAL ESTIMATE: WILL CALL WITH ESTIMATE

Comments:	LABOR TOTAL....	.00
	PARTS TOTAL....	.00

MILEAGE OUT: 3290 Please Pay This Amount..... .00

Customer Copy