

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

17-JUL-2000

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

Reference No.

865503

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE	MERCURY	MARQUIS	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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

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

Component 12200000	Part Name(s) INTERIOR SYSTEMS/SUNVISOR	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) 15-JUL-2000 Mileage at Failure(s) _____ 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 <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)

CONSUMER NOTICED WHEN PICKING UP THE VEHICLE THAT THE SUNVISOR ON THE DRIVERSIDE BLOCKS VIEW. WHEN SUNVISOR IS IN USE TOWARD THE WINDSHIELD TO BLOCK THE SUN, IT FALLS BACK IN THE VIEW PATH. DEALER SAYS IT'S JUST THE WAY THEY ARE.\*AK

CONTINUED 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 436</b></p> <p>Date Rec'd: 00 AUG -7 AM 11:15 17 JUL 2000 OFFICE EFFECTS INVESTIGATION</p>		<p>Od. or Mileage at od. or up. for</p> <p>Reference No. 865603</p>			
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>MINOOKA [REDACTED] 620984</p>						<p>Work No. [REDACTED] Home No. [REDACTED]</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of [REDACTED] provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner [REDACTED] Date 7/22/00</p>									
<p align="center"><b>VEHICLE INFORMATION</b></p>									
<p>Vehicle Ident. No. (VIN) (Locates at bottom of windshield on driver's side) 2MEFM74W7YX711390 NOT AVAILABLE</p>		<p>Vehicle Make MERCURY</p>		<p>Vehicle Model MARQUIS</p>		<p>Vehicle Year 2000</p>		<p>Current Odometer Reading 278 mi</p>	
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name GREGG MOTOR SALES City JOLIET State IL Zip Code 60435</p>			<p>Engine Size (CID/CC/L) 4.6 No. Cylinders 8</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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Drive Train <input 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 UM <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>			
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>									
<p>Component 1229000#</p>		<p>Part Name(s) INTERIOR SYSTEMS:SUNVISOR</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 2</p>		<p>Date(s) of Failure(s) 15-JUL-2000 Mileage at Failure(s) ONE MILE / 25 MILES Vehicle Speed at Failure(s) 0 - 60</p>			<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b></p> <p align="center">(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>									
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured</p>		<p>Number of Fatalities</p>		<p>Estimated Property Damage</p>	
								<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>									
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<p align="right">CONTINUE ON BACK IF NEEDED</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>									