

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

294

Date Received

27-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

866149

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
1MELM13P8VW631193	MERCURY	TRACER	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

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"/> 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 Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt				<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 03272000	Part Name(s) BRAKES:HYDRAULIC:DISC:PADS AND SHOES	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	Date(s) of Failure(s) _____ Mileage at Failure(s) 40 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)

RETAINING PINS THAT HOLD BRAKE PADS IN PLACE ARE LOOSE, CAUSING CONTACT TO THE WHEEL, AND EVENTUAL SEPARATION. DEALER HAS BEEN NOTIFIED. *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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Signature of Owner _____ Date ____/____/____

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<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

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"/> 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 Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 2-Point Belt			<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 03272000	Part Name(s) BRAKES:HYDRAULIC:DISC:PADS AND SHOES	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) 40 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No

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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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OWNER INFORMATION (Type or Print)

623465
[Redacted]

Work Number
Home Number
266149

DATE RECEIVED
10 AUG 15 PM 2:44
OFFICE
27-JUL-2000
UPPER INVESTIGATION
Reference No.

FOR AGENCY USE ONLY 284

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
Signature of Owner
Date: 8/11/00

VEHICLE INFORMATION

Vehicle Ident No (VIN) (Locate at bottom of windshield on driver's side)
1AMELM13P8VW63193

Vehicle Make
MERCURY

Vehicle Model
TRACER

Vehicle Year
1997

Current Odometer Reading
47,000

Purchase Date
7-31-00

Dealer's Name
Private Owner

City
State
Zip Code

Engine Size (CID/CAL)
No Cylinders
4

Turbo
Diesel
Gas
Fuel Injection

Antilock Brakes
 Automatic
 Manual

Rebrake System
 3-Point Belt
 2-Point Belt
 Motorbelt
 Passenger-side Airbag

Cruise Control
 Yes
 No

Drive Train
 Front
 Rear
 4-Wheel

Vehicle Type
 Car
 Van
 Minivan
 Other

Body Style
 Sport Use
 Truck
 Motorcycle
 Stationwagon
 4-Door
 2-Door
 Pick Up Truck
 Other

Component
01272000

Part Name(s)
BRAKES:HYDRAULIC;MISC:PADS AND SHOES

Location
 Left
 Right
 Rear
 Front

Failed Part(s)
 Original
 Replacement

No of Failures
3

Date(s) of Failure(s)
11-99, 5-00, 6-00
Mileage at Failure(s)
OK / OK / OK
OK / OK / OK
Vehicle Speed at Failure(s)
45 MPH; 45 MPH; 35 MPH

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 \emptyset
Number of Fatalities \emptyset
Estimated Property Damage \emptyset
Reported to Police Yes No

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

RETAINING PINS THAT HOLD BRAKE PADS IN PLACE ARE LOOSE, CAUSING CONTACT TO THE WHEEL, AND EVENTUAL SEPARATION. DEALER HAS BEEN NOTIFIED. *AK
MORE SPECIFICALLY, THE RETAINING CLIPS THAT HOLD THE RETAINING PINS IN THE FRONT BRAKE ASSEMBLY FLY OFF THE VEHICLE ALLOWING THE REMAINING PINS TO BACK OUT, MAKING CONTACT WITH THE WHEEL. WHEN THE PINS CONTACT THE WHEEL, THEY SNAP AND FLY OFF OF THE VEHICLE.

CONTINUE ON BACK IF NEEDED

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