

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

156

Date Received

21-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

868212

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
1MELM6533TK601630	MERCURY	MYSTIQUE	1996	

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

Transmission Type <input type="checkbox"/> Manual <input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09202000	Part Name(s) LIGHTING LAMP OR SOCKET HEAD LIGHTS	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) 18-AUG-2000 Mileage at Failure(s) 41 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)

WHILE IT WAS RAINING DRIVER'S HEAD LAMP GOT SOAKED WITH RAIN, AND CAUSED LOW BEAM LIGHT TO GO OUT, WHICH MAY CAUSE VISUAL DIFFICULTIES. ALSO, PASSENGER'S SIDE WAS SOAKED. BUT, BULB DID NOT GO OUT. DEALER SAID IT WAS A COMMON PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2 style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</h2> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 156</p>	
	<p>Date Received: 21-AUG-2000</p> <p>OFFICE: EFFECTS INVESTIGATION</p>		<p>Od. or r. dt. pd. rt. up. ltr. _____</p> <p>Reference No. ION 856212</p> <p>Work Number na</p> <p>Home Num. _____</p>	

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, please print the name and address to the vehicle manufacturer.

Signature of Owner: _____ Date: **10/19/00**

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at ceiling or windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1WELM5533TK681630	MERCURY	MYSTIQUE	1996			
Purchase Date: 4/98	Dealer's Name: COUNTRY FORD		Engine Size (CID/GC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: LEVITTOWN State: NY Zip Code: _____		No. Cylinders: 4			
Transmission Type: <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> No	Restraint System: <input type="checkbox"/> 3-Point Belt, <input type="checkbox"/> Motorbelt, <input type="checkbox"/> Driverside Airbag, <input type="checkbox"/> 2-Point Belt, <input type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> Front, <input 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	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: 09292000	Part Name(s): LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	Location: <input checked="" type="checkbox"/> Left, <input type="checkbox"/> Right, <input checked="" type="checkbox"/> Front, <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-AUG-2000	Mileage at Failure(s): 44783	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 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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