



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 118

Data Received 28-AUG-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 868933	

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make MERCURY TRUC	Vehicle Model VILLAGER	Vehicle Year 1995	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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 _____	Sport Ult Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06121000	Part Name(s) FUEL:FUEL EMISSION CONTROL:LINES:VAPOR VENT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>15-APR-2000</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <u>65000</u>		
	Vehicle Speed at Failure(s) _____		

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)

EA00014; FUEL TANK VENT HOSE LEAKAGE: WHEN FILLING UP THE FUEL TANK, FUEL WOULD LEAK FROM THE VENT HOSE ONCE THE TANK WAS FILLED COMPLETELY. OWNER REPLACED THE HOSE, THE PROTECTIVE COVER AND TWO CLAMPS HIMSELF. THESE PARTS WERE BROUGHT AT THE DEALERSHIP. PLEASE LIST OTHER SAFETY CONCERNS.*AK

CONTINUED ON BACK (118) (11)

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 118	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 631596		Date Received 00 OCT -5 PM 2:50 28-AUG-2000 OFFICE EFFECTS INVESTIGATION	
Do you authorize NHTSA to provide a copy of this questionnaire to the manufacturer of your vehicle? In the absence of an answer, we will assume you do not authorize us to do so.		Reference No. 868933	
Signature of Owner [Redacted]		Work Number [Redacted] Home Number [Redacted]	
Date 9/29/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4M2DV11W3SDJ16967	Vehicle Make MERCURY TRUCK	Vehicle Model VILLAGER	Vehicle Year 1995
Current Odometer Reading 71,000		Purchase Date Abt 7-18-95	
Dealer's Name Employee Resale Lot thru' Krug Lincoln-Mercury, Inc. City Dearborn State MI Zip Code 48124		Engine Size (CID/CC/L) 3.0 No Cylinders 6	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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	Sport Utility Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06121000	Part Name(s) FUEL:FUEL EMISSION CONTROL: LINES:VAPOR VENT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original Replacement
No of Failures	Date(s) of Failure(s) 15-APR-2000 Mileage at Failure(s) 65000 Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Possible Estimated Property Damag
Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
EA00014; FUEL TANK VENT HOSE LEAKAGE: WHEN FILLING UP THE FUEL TANK, FUEL WOULD LEAK FROM THE VENT HOSE ONCE THE TANK WAS FILLED COMPLETELY. OWNER REPLACED THE HOSE, THE PROTECTIVE COVER AND TWO CLAMPS HIMSELF. THESE PARTS WERE BROUGHT AT THE DEALERSHIP. PLEASE LIST OTHER SAFETY CONCERNS.*AK Vehicle has a keyless entry system which has problems which are, in my opinion, a safety risk. Frequently the drivers door can't be unlatched from the inside unless one holds the lock switch in the OPEN position with the right hand. Otherwise any attempt to activate			
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.			

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

the lever for opening the door locks the door so it can't be opened from the inside. Since this doesn't happen every time, my wife Lourdes forgets what to do and tends to panic. I think she could be trapped in an accident. The keyless system doesn't always unlock the door from the outside. One may have to enter the code repeatedly or use the key. One safety concern would be where one needed to enter the vehicle in a hurry and couldn't. I have tried the suggestions offered in the owners and shop manuals such as reentering the code, without success.



PLEASE EXCUSE DELAY IN GETTING BACK TO YOU. WE WERE ON VACATION 9-15 TO 9-27. ALSO PLEASE TOUCH BASE WITH TOM COOPER 202-344-5218 WHO LEFT A MESSAGE ASKING FOR VIN.

U.S. G.P.O.: 1992-833-897/0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

