

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 117

Date Received

29-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

869088

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
FILL IN	MERCURY TRUC	VILLAGER	1995	

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 checked="" 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	<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 Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08100000	Part Name(s) ELECTRICAL SYSTEM: BATTERY	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 1	Date(s) of Failure(s) 04-JUL-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 62	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 0		

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)

WAS STARING THE VEHICLE WHEN THE BATTERY EXPLODED WITHOUT WARNING. HAD SMELLED FUMES JUST PRIOR TO EXPLOSION. TOOK VEHICLE TO DEALER & WAS INFORMED IT WAS NORMAL FOR BATTERY TO EXPLODED LIKE IT DID. HAD A NEW BATTERY PUT INTO VEHICLE.

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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 DEFECTS INVESTIGATION OFFICE

Od or _____
 rt_dt _____
 bd_rt _____
 up_lr _____

Reference No.
869088

OWNER INFORMATION (Type or Print)

632065

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 answer, we will assume you do not authorize this.
 Signature of Owner _____ Date _____

4M2DV11W6SD

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4M2DV11W6SD
 Vehicle Make MERCURY TRUCK Vehicle Model VILLAGER Vehicle Year 1995 Current Odometer Reading _____

Purchase Date _____ Dealer's Name _____ Engine Size (CID/CCA) _____ Turbo _____ Diesel _____ Gas _____ Fuel Injectio _____
 New Used City _____ State _____ Zip Code _____ No Cylinders _____

Transmission Type Manua Automatic Antilock Brakes Yes No Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Bel Passengerside Airbag Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Sport Utl Truck Van Minivan Motorcycle Other Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08100000 Part Name(s) ELECTRICAL SYSTEM: BATTERY Location Left Right Front Rear Failed Part(s) Original Replacemen

No of Failures 1 Date(s) of Failure(s) 04-JUL-2000 Mileage at Failure(s) 62 Vehicle Speed at Failure(s) 0 Failed Part(s) Yes No NHTSA Previously 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 0 Number of Fatalitie 0 Estimated Property Damag _____ Reported to Polic Yes No

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

WAS STARTING THE VEHICLE WHEN BATTERY EXPLODED WITHOUT WARNING. HAD SMELLED FUMES JUST PRIOR TO EXPLOSION. TOOK Vehicle TO DEALER & WAS INFORMED IT WAS NORMAL FOR BATTERY TO EXPLODE LIKE IT DID. HAD A NEW BATTERY PUT INTO VEHICLE.*AK

CONTINUE ON BACK IF NEEDED

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