

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 335

Date Received

31-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

869233

 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	Vehicle Model	Vehicle Year	Current Odometer Reading
2MELM75W5PX627567	MERCURY	MARQUIS	1993	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input 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 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	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
-----------------------	--------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

No. of Failures 0	Date(s) of Failure(s) 01-AUG-1998 Mileage at Failure(s) 60000 Vehicle Speed at Failure(s) 2	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	---------------------------	---------------------------	-------------------------------------------------------------------------------------------

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

WHEN STARTING IGNITION JAMS. CAN'T START IT OR CUT IT OFF. CONSUMER FELT THIS COULD HAPPEN IN TRAFFIC AND MAY BE DANGEROUS. *AK

CONTINUED ON BACK PLEASE

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 Vehicle Owner's Questionnaire (VOQ)		FOR AGENCY USE ONLY 335 Date Received _____ 31-AUG-2000 OFFICE OF INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration NATIONAL HIGHWAY 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 869233	
OWNER INFORMATION (Type or Print) [Redacted] 632481		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Signature of Owner [Redacted]		Date <u>PIA 2000</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2MELM75W5PX627567	Vehicle Make MERCURY	Vehicle Model MARQUIS	Vehicle Year 1993
		Current Odometer Reading 64,746.1	
Purchase Date 11-7-1994 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name ACTON LINCOLN - MERCURY City ACTON State MASS Zip Code 01720		Engine Size (CID/CC/L) 4.6L No. Cylinders 8 <input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Fuel Injection?
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear ? <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08600000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	Location ? <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 01-AUG-1998 10-10-2000 Mileage at Failure(s) 60000 + 64,746.1 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0
		Estimated Property Damage NONE	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN STARTING IGNITION JAMS. CAN'T START IT OR CUT IT OFF. CONSUMER FELT THIS COULD HAPPEN IN TRAFFIC AND MAY BE DANGEROUS. *AK			
CONTINUE ON BACK, IF NEEDED			
This 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: NO NA-TIRES

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)

ON APRIL 26 2000 - WHEN I STARTED CAR, IGNITION SWITCH
 JUST KEPT TURNING
 ROLLED AROUND, AND CAR COULD NOT BE STARTED - I DROVE
 DIRECTLY TO DOBBINS AUTO REPAIR AND LEFT CAR FOR RE-
 PAIR - COPY OF BILL ATTACHED. PRIOR TO THIS, IGNITION HAD
 JAMMED MANY TIMES, CAN'T RECALL HOW MANY - BUT IT ALWAYS
 RESOLVED ITSELF BEFORE. SINCE APRIL, 2000 IT HAS
 JAMMED TWICE - BUT I WAS ABLE TO CORRECT OR UNJAM
 AND DRIVE. I AM CONCERNED THAT IT COULD HAPPEN
 IN TRAFFIC - AND COULD BE DANGEROUS.
 THANK YOU FOR YOUR KIND ATTENTION TO THIS SITUATION.

* U.S. G.P.O.: 1992 - 622-887 / 60286

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



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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

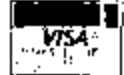
Dobbins Auto Repair

177 Bedford Street
Burlington, MA 01803

- Paid 4/26/00

(781) 272-4610

CK # 2330



*Lincoln Acton, Mass
Mercury 978-263-7300*

MIKE

VEHICLE ID: 0000172
VEHICLE #: 0000172
PLATE #: MA-37417

DRIVER: Emma
FLEET #: 1

INVOICE #
WORK:

NAME:
ADDRESS:

YEAR: 93
MAKE: MERCURY
MODEL: FULL SIZE MERCUR
MILEAGE: 63055 (62722)

TRANS #: 00000000
DATE: 04/26/00
TIME: 13:56:34
EMP #: 1, 1

TECH	STATUS	DESCRIPTION	PART CODE	QTY	PART \$	LOT#	LABORS	LINE TOTAL
		shut off... Ignition switch just turns						
		CHASSIS & STEERING						INCL
	LABOR	TRoubleshot IGNITION SWITCH removed ignition switch and lock cylinder to shut car off; problem is inside lower steering column assembly.		1.00	60.00		60.00	60.00
	LABOR	R/R IGNITION ACTUATOR ROD disassembled upper steering bowl to access actuator rod in lower column - reassemble column.		3.00	180.00		180.00	180.00
	LABOR	R/R CYLINDER, IGNITION LOCK		0.50	30.00		30.00	30.00
	PARTS	LOCK CYLINDER & KEYS	F34Y115025	1.00	44.95			44.95

Serving The Community Since 1954

VEHICLE NOTES
• THANK YOU for letting us service your car.

PART SUMMARY

CHANGE: 0.00

CHARGE SUMMARY

Parts.....	44.95
Labor.....	370.00
Sublet Labor....	0.00
Hazardous Waste.	0.00
State Inspection	0.00
Discounts.....	0.00
Towing.....	0.00
Subtotal.....	314.95
Total tax.....	2.25
INVOICE TOTAL...	317.20

Diagrams and/or parts above repair work to be furnished with the necessary materials. You and your employees may operate above work for purposes of testing, inspection, or delivery of materials. Express mechanic's acknowledgment in above line to secure the amount of parts needed. It is also understood that you will not be held responsible for loss or damage to parts or labor in excess of base of fee, theft or any other cause beyond our control.