

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

16-OCT-2000

 Ocl\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

873049

 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> <b>4M2DV11W4EDA14487</b>	Vehicle Make <b>MERCURY TRUC</b>	Vehicle Model <b>VILLAGER</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
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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 <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"/> Motorbell <input 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"/> Sport Ult <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	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
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No. of Failures	Date(s) of Failure(s) <u>24-SEP-2000</u> Mileage at Failure(s) <u>83</u> Vehicle Speed at Failure(s) <u>45</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	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)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 45MPH. UPON IMPACT, AIRBAGS DID NOT DEPLOY, RESULTING IN MINOR INJURIES.\*AK

CONTINUED ON BACK (REVERSE)

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>DOT Auto Safety Hotline          U.S. Department of Transportation          National Highway Traffic Safety Administration</p>		<p>Vehicle Owner's Questionnaire (VOQ)          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 284</p> <p>Date Received: 12-14-00          16-OCT-2000</p> <p>OFFICE INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. 873049</p>	
<p>[Redacted] 646855</p>				<p>Work Number [Redacted]          Home Number [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO          In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner [Redacted] Date 1/1/</p>					
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)          4M2DV11W4EDA14487</p>		<p>Vehicle Make          MERCURY TRUC</p>	<p>Vehicle Model          VILLAGER</p>	<p>Vehicle Year          1996</p>	<p>Current Odometer Reading</p>
<p>Purchase Date          July 1998  <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name          Curran Mercury          City Vallejo State Calif Zip Code 94590</p>		<p>Engine Size (CID/CC/L) <u>6cyl/ind</u>  <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas          No Cylinders _____ <input type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type  <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>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 checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train  <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type  <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Sport Ut Truck Motorcycle  <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>		<p>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 _____</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component          12111000</p>	<p>Part Name(s)          INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA</p>		<p>Location  <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right  <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)  <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) 24-SEP-2000          Mileage at Failure(s) 88          Vehicle Speed at Failure(s) 45</p>		<p>Failed Part(s) Available?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION          (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured          1</p>	<p>Number of Fatalities          0</p>	<p>Estimated Property Damage          \$0</p>	<p>Reported to Police  <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No          CAP</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 45MPH. UPON IMPACT, AIRBAGS DID NOT DEPLOY, RESULTING IN MINOR INJURIES.*AK</p>					
<p>CONTINUE ON BACK IF NEEDED</p>					
<p>The Privacy Act of 1974-Public Law 93-519 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 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>					





