



U.S. Department of Transportation

National 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 436

Data Received
30-OCT-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
874168

Work Number _____
Home Number **unknown**

OWNER INFORMATION (Type or Print)

GARY SCOTT 651833
1318 6TH ST
PORT ARTHUR TX 77640

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.) (Listed at top of windshield or driver's side) **1MELM6533VK622996** Vehicle Make **MERCURY** Vehicle Model **MYSTIQUE** Vehicle Year **1997** Current Odometer Reading _____

Purchase Date _____ Dealer's Name _____ Engine Size (CID/CC/L) _____ Turbo Diesel Gas Fuel Injection
 New Used City _____ State _____ Zip Code _____ No Cylinders _____ 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"/> 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 Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <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 _____ |
|--|---|---|--|--|--|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------|--|---|---|
| Component 09002000 | Par. Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS | 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 | Date(s) of Failure(s) 16-OCT-2000 Mileage at Failure(s) _____ 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 |
|----------------|--|---|---|

COLLISION INCIDENT INFORMATION

