



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY §20

Date Received

01-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

881848

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>(Location at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
FILL IN	MERCURY	GRAND MARQUIS	2000			
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 Injectio			
<input checked="" type="checkbox"/> New <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<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 10410000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDSHIELD	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
No of Failure	Date(s) of Failure(s) C1-FEB-2001 1900 Mileage 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 Fatalities	Estimated Property Damag	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)

WHEN VEHICLE APPROACHES 50+ MPH WINDSHIELD BEGINS TO VIBRATE VERY LOUDLY. VIBRATION LASTS FOR APPROXIMATELY 15-20 SECONDS. DEALERSHIP IS LOOKING AT PROBLEM, BUT AS OF YET FOUND NOTHING OR SEEN DEFECT OCCURRING. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *AK

CONTINUE ON 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.



DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

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

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

677716

Work Number

881848
Reference No.

Date Received: 01-MAR-2001
01-MAR-2001
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FOR AGENCY USE ONLY 820

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, your name and address to the vehicle manufacturer.

Signature of Owner

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]

Vehicle Make: MERCURY

Vehicle Model: GRAND MARQUI

Vehicle Year: 2000

Current Odometer Reading: 2,600

Purchase Date: 1-23-01

Dealer's Name: Tyson - Lincoln - Mercury
City: Highland State: IN Zip Code: 46322

Engine Size: (CID/CIL) No Cylinders: 8
Fuel Injection: Gas Diesel Turbo

Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver's Airbag <input checked="" type="checkbox"/> Passenger's Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style: <input checked="" 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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Component: 10110000	Part Name(s): VISUAL SYSTEMS:GLASS:WINDSHIELD	Location: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <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): 01-FEB-2001	Mileage at Failure(s): 1900	Vehicle Speed at Failure(s):	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured: -	Number of Fatalities: -	Estimated Property Damage: -	Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

WHEN VEHICLE APPROACHES 50+ MPH WINDSHIELD BEGINS TO VIBRATE VERY LOUDLY. VIBRATION LASTS FOR APPROXIMATELY 15-20 SECONDS. DEALERSHIP IS LOOKING AT ANY ADDITIONAL INFORMATION. AK TOOK CAR BACK TO DEALER. WENT FOR RIDE WITH MECHANIC, OF COURSE THE WINDOW NEVER VIBRATED. TYSON DID KEEP THE CAR AND SAID THEY RESEALED THE WINDSHIELD AND ALSO REPAIRED THE DRIVERS SIDE FRONT WINDOW WHICH WAS NOT WORKING PROPERLY.

Form Approved O.M.B. No. 2127-0008

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