



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 936

Date Received

07-MAR-2001

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

Reference No.

882297

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 and/or above windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 2MEFM74W21X614328 | MERCURY | GRAND MARQUIS | 2001 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <input 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 _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|--|
| Component 06400000 | Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL | 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 0 | Date(s) of Failure(s) 06-MAR-2001 315 Mileage 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 Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|--------------------------|---|

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

WHILE DRIVING AT 10 MPH ENGINE STARTED TO RACE REALLY LOUD, CONSUMER TURNED KEY OFF, AND HIT BRAKES IMMEDIATELY AND STOPPED. CONSUMER TOWED VEHICLE TO DEALER, AND CURRENTLY IT HAS WORKED. *AK

CONFIDENTIAL - NHTSA

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.

895-4915 DoD



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 335

Date Received: 07-MAR-2001

od_or, rt_d, od_rt, up_ltr

SEPT 2001

Reference No. 882297

OWNER INFORMATION (Type or Print)

678749

Work Num

Home Number

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), Vehicle Make: MERCURY, Vehicle Model: GRAND MARQUI, Vehicle Year: 2001, Current Odometer Reading

Purchase Date, Dealer's Name, City, State, Zip Code, Engine Size (CID/CC/L): 4.6L, No Cylinders: 8, Turb, Diesel, Gas, Fuel Injection

Transmission Type: Automatic, Antilock Brakes: No, Restraint System: 3-Point Belt, Driverside Airbag, Passengers Airbag, Motorbelt, 2-Point Belt, Cruise Control: No, Drive Train: Front, Rear, 4-wheel, Vehicle Type: Car, Body Style: 2-Door, 4-Door, Stationwagon, Pick Up Truck, Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 08400000, Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL, Location: Front, Failed Part(s): Original, Replacement

No of Failures: 0, Date(s) of Failure(s): 06-MAR-2001, Mileage at Failure(s): 315, Vehicle Speed at Failure(s): 5-10, Failed Part(s) Available?: No, NHTSA Previously Contacted?: 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: No, Fire: No, Number of Persons Injured: 0, Number of Fatalities: 0, Estimated Property Damage, Reported to Police: No

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

WHILE DRIVING AT 10 MPH ENGINE STARTED TO RACE REALLY LOUD, CONSUMER TURNED KEY OFF, AND HIT BRAKES IMMEDIATELY AND STOPPED. CONSUMER TOWED VEHICLE TO DEALER, AND CURRENTLY IT HAS WORKED. *AK

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

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)

Purchase Date Feb 28, 2001
March 4, 2001 Check engine light came on.
March 6, 2001 AM car was checked at service dept
and they couldn't find the problem. On way home I
was driving 5-10 mph in parking lot when motor made
loud noise and started rising. It lurched forward out
of control. Ignition had to be turned off and brakes
applied to stop it. Car was towed to service dept
Car has remained in service dept for 17 days.
This appears to be a very serious factory defect.
I am very concerned that this could be a widespread
problem and replacement part would have some
defect. This situation is very dangerous and serious.
I have only driven this car 35 miles, the rest
of the miles were put on by service dept testing

★ U.S. G.P.O.: 1982-523-867/60086

U.S. Department
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Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
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IF MAILED
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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