



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

27-MAR-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

884295

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) (Location at bottom of windshield and driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1ZWHT61L9Y5622139	MERCURY	COUGAR	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	☐ Diesel
			☐ Gas
			☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failure	Date(s) of Failure(s) 01-NOV-2000 1000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

NO AIRBAG DEPLOYED WHEN VEHICLE WAS INVOLVED IN AN ACCIDENT. CONSUMER WAS TRAVELING AT APPROXIMATELY 60 TO 65 MPH WHEN VEHICLE ROLLED THREE TIMES AND IMPACTED A TELEPHONE POLE AT APPROXIMATELY 40 TO 45 MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS/PHOTOGRAPHS.*AK

COPIES OF THIS FORM ARE:

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.



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 920

Date Received

27-MAR-2001

 Od. or
rt. dt
od. rt
up. ltr

Reference No.

884295

OWNER INFORMATION (Type or Print)

683026

Work Number

Home Number

 Do you authorize
In the absence of
Signature of Owner

Owner of your vehicle?

☒ YES☐ NO

Name and address to the vehicle manufacturer.

Date 4/16/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1ZWHT61L9Y5622139	MERCURY	COUGAR	2000	DESTROYED
Purchase Date	Dealer's Name <u>ROWAN</u>	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
☒ New ☐ Used	City <u>WINTER HAVEN</u> State <u>FL</u> Zip Code _____	No Cylinders <u>6</u>		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☒ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Utl ☐ Truck ☐ Motorcycle ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☒ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>01-NOV-2000</u> Mileage at Failure(s) <u>1000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☒ No	NHTSA Previously Contacted? ☐ Yes ☒ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>2</u>	Number of Fatalities	Estimated Property Damage	Reported to Police ☒ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

NO AIRBAG DEPLOYED WHEN VEHICLE WAS INVOLVED IN AN ACCIDENT. CONSUMER WAS TRAVELING AT APPROXIMATELY 60 TO 65 MPH WHEN VEHICLE ROLLED THREE TIMES AND IMPACTED A TELEPHONE POLE AT APPROXIMATELY 40 TO 45 MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS/PHOTOGRAPHS.*AK

CONTINUE ON BACK IF NEEDED

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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 6)











