



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 125

Date Received

27-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

886996

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		
2MEFM75W1YX698196	MERCURY	GRAND MARQUIS	2000			
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 checked="" type="checkbox"/> Yes <input 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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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) _____ 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)

AFTER DEPRESSING BRAKE PEDAL, AND WHEN PEDAL RETURNS, A CLICKING NOISE OCCURS DUE TO METAL IN BRAKE ASSEMBLY. DEALER CANNOT CORRECT PROBLEM. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUED 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 125</p>	
		<p>Date Received 27-APR-2001</p>	<p>Od_or rt_dt od_rt up_lr</p>
<p>OWNER INFORMATION (Type or Print)</p>		<p>Reference No. 886996</p>	
<p>689156</p>		<p>Work Number Home Number</p>	

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, please print your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 5/19/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 2MEFM75W1YX698196	Vehicle Make MERCURY	Vehicle Model GRAND MARQUI	Vehicle Year 2001	Current Odometer Reading		
Purchase Date 4-5-2001	Dealer's Name ANDERSON NISSAN - LINDSEY MERCURY		Engine Size 4.6 LITER	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City ASHEVILLE	State NC	Zip Code 28901		No. Cylinders 8	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <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 checked="" 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 03200044	Part Name(s) BRKES, HYDRAULIC, ANTI-LOCK SYSTEM	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures *	Date(s) of Failure(s) 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 checked="" 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 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)

AFTER DEPRESSING BRAKE PEDAL, AND WHEN PEDAL RETURNS, A CLICKING NOISE OCCURS DUE TO METAL IN BRAKE ASSEMBLY. DEALER CANNOT CORRECT PROBLEM. PLEASE GIVE ANY FURTHER DETAILS.*AK

** Brake have not failed yet - however the noise and thump I feel in my brake pedal occur every time brake are applied - and is getting worse.*

I took the car into Hunter Nissan - Lincoln Mercury in Hendersonville N.C. to have repaired in mid-March, 2001 - Hunter ordered

CONTINUE ON BACK IF NEEDED

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OVER

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

TIRE IDENTIFICATION NO.*										INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)										
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)																				

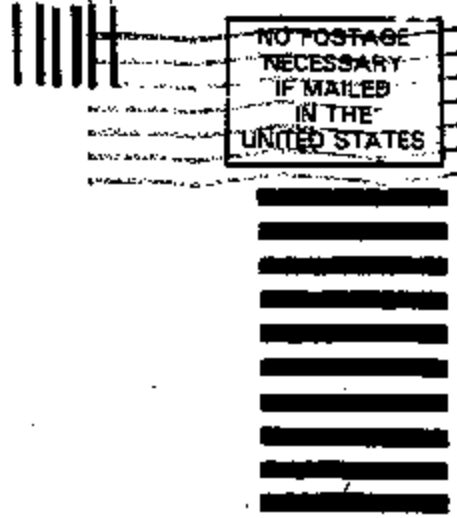
Rovik (Brake Peddle assembly) took car in on 4/28 to have part installed - was not the problem - Dealer kept car for a week - they replaced the Brake Peddle assembly (did not fix the problem) Dealer call Ford Tech - they told Dealer this was a "Normal" noise and would not do any more to repair -

This is NOT normal and feels like some mechanical failure taking place within the Boost/brake cylinder assembly - I cannot feel safe in driving this car - I have not driven it since taking car in for repair -

If I could - Mercury - Ford has so many problems with their system that they think this is "Normal" - - its a really big problem -

Dealer Mercury first look at problem March 7, 01 on April 1, 2001 Ford said they could not fix problem - Dealer has tried to get Rep's at Ford to but no one come - the car is at Dealer and it feels unsafe to put my family a risk of a major brake failure - Please help if you can -

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 400 Seventh St., S.W.
 Washington, D.C. 20590
 Official Business
 Penalty for Private Use \$300



BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL 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