



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

09-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

887832

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) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4M2DV11W2TDJ21969		MERCURY TRUCK	VILLAGER	1996	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-MAY-2001 46000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 C	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SHOULDER BELT ON PASSENGER'S SIDE IN THE MIDDLE ROW OF SEATS WILL NOT PULL OUT SO THAT A PASSENGER CAN BE RESTRAINED. DEALERSHIP INFORMED CONSUMER THAT PART WAS NO LONGER COVERED UNDER WARRANTY, AND THEY WERE NOT GOING TO TOUCH IT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*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.

 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: 01 JUN 20 AM 10:21 09-MAY-2001 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) 1264				Reference No. 887832	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an owner's signature, your name and address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: 6/01/01				YES ☐ NO ☐	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4M2DV11W2TDJ21969		Vehicle Make MERCURY TRUC		Vehicle Model VILLAGER	
Vehicle Year 1996		Current Odometer Reading			
Purchase Date		Dealer's Name: <u>Shepard Bros.</u>		Engine Size (CID/CC/L) ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
☐ New ☒ Used		City: <u>Chandlerville</u> State: <u>IL</u> Zip Code: _____		No. Cylinders: <u>6</u>	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No		Restraint System ☒ 3-Point Belt ☐ Motor belt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	
Cruise Control ☒ Yes ☐ No		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Sport UTV ☐ Truck ☐ Motorcycle ☒ Van ☐ Minivan ☐ Other: <u>Van</u>	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other: <u>Van</u>					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component: 12240000		Part Name(s): INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS		Location: ☐ Left ☒ Right ☐ Front ☒ Rear	
No. of Failures		Date(s) of Failure(s): 01-MAY-2001 Mileage at Failure(s): 46000 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: 0	
Number of Fatalities: 0		Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					

SHOULDER BELT ON PASSENGER'S SIDE IN THE MIDDLE ROW OF SEATS WILL NOT PULL OUT SO THAT A PASSENGER CAN BE RESTRAINED. DEALERSHIP INFORMED CONSUMER THAT PART WAS NO LONGER COVERED UNDER WARRANTY, AND THEY WERE NOT GOING TO TOUCH IT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

→ Dealer that Examined Vehicle was Macedon Ford.

CONTINUE ON BACK IF NEEDED

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