



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 197

Date Received

30-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

889423

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
2MELM74W9VX702592	MERCURY	MARQUIS	1997	

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	Body Style
☐ 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 _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08131000	Part Name(s) FUEL:FUEL LINES:METALLIC	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure 0	Date(s) of Failure(s) 13-MAR-2001 30000 Mileage at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AFTER PARKING VEHICLE IN A CLOSED GARAGE CONSUMER COULD SMELL A STRONG FUEL ODOR.
TOOK VEHICLE TO DEALER WHERE THEY FOUND THAT METAL FUEL LINE RUSTED, AND LEAKED FUEL.
*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.

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 197	
		RECEIVED 01 JUN 25 AM 9:29 30-MAY-2001 OFFICE DEFECTS INVESTIGATION Date Received _____ Od. or _____ rt. dt _____ br. dt _____ up. dt _____ Reference No. _____ 889423	
OWNER INFORMATION (Type or Print) 694794			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO in the absence of a _____ address to the vehicle manufacturer. Signature of Owner _____ Date <u>6/19/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
2MELM74W9VX702592	MERCURY	MARQUIS	1997
Current Odometer Reading		30,754	
Purchase Date	Dealer's Name	Engine Size (CID/CCI)	☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
8/16/97	Jim Quinlan Ford Lincoln Mercury		
☒ New ☐ Used	City/State/Zip Code	No. Cylinders	8
City/State/Zip Code	Brussels, Fla. 33463		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☒ No
Drive Train	Vehicle Type	Body Style	
☐ Front ☒ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
06131000	FUEL:FUEL LINES:METALLIC	☒ Left ☐ Right ☒ Front ☒ Rear	☒ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	13-MAR-2001 Mileage at Failure(s) 30000 Vehicle Speed at Failure(s) 0	☐ Yes ☒ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities
☐ Yes ☒ No	☐ Yes ☒ No	0	0
Estimated Property Damage		Reported to Police	
		☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AFTER PARKING VEHICLE IN A CLOSED GARAGE CONSUMER COULD SMELL A STRONG FUEL ODOR. TOOK VEHICLE TO DEALER WHERE THEY FOUND THAT METAL FUEL LINE RUSTED, AND LEAKED FUEL. *AK			

CONTINUE ON BACK IF NEEDED

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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

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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This fuel tank was not available and almost impossible to detect due to the vaporization of the mist. Because the odor was very strong due to the high pressure 60 to 80 lbs in the line which ruptured the side in a large area which made it possible for a spark of any nature to ignite the fume. In my past experience by their years in the field I feel I am qualified to know the fuel line in my car had not been galled. An Autolite Machine has several with my findings. The pressure of the weight in the fuel line is so remarkable. I thank you for your service, any help I can give you please feel free to contact me. (There is this purple chip at right)

NARRATIVE DESCRIPTION (CONTINUED)

NAME OF DEALERSHIP

STATE OF FLORIDA
REGISTRATION NUMBER
#MV-13831

AutomationDirect.com

Ford Lincoln-Mercury

AutoWay

AutoWay Ford-Lincoln-Mercury
P.O. Box 10209
Brooksville, Florida 34603
(352) 796-3525

