



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 758

Date Received

27-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

891410

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		
2MEFM74W0YX634250	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 checked="" 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 checked="" type="checkbox"/> Yes <input 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 12111000 01300000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT, STEERING: POWER ASSIST	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) 21-JUN-2001 Mileage at Failure(s) 28000 65	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities	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 65 MPH STARTED TO CHANGE LANES, AND NOTICED ANOTHER VEHICLE IN SAME LANE, AND SWERVED BACK TO THE RIGHT. AS SOON AS SHE TURNED WHEEL TO RIGHT SHE LOST CONTROL OF VEHICLE, IT WENT ACROSS 2 LANES OF TRAFFIC TO LEFT, AND HIT A TRACTOR TRAILER HEAD-ON. AIRBAGS DID NOT DEPLOY. CONSUMER AND PASSENGER SUSTAINED MINOR INJURIES. CONSUMER STATED IT FELT LIKE VEHICLE WAS ON ICE. PRIOR TO THIS, WHEN DRIVING OVER A BUMP, VEHICLE WAS HARD TO CONTROL. INSURANCE WILL SEND AN INVESTIGATOR, VEHICLE WAS TOTALLED. PLEASE ADD FURTHER COMMENTS. *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		FOR AGENCY USE ONLY 758	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 27-JUN-2001	Reference No. 891410
[Redacted] 699468		OFFICE OF TRAFFIC SAFETY INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your signature, please provide an address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Work Number [Redacted]	Home Number [Redacted]
Date 7/12/01			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 2MEFM74W0YX634250	Vehicle Make MERCURY	Vehicle Model GRAND MARQUI	Vehicle Year 2000
Current Odometer Reading 28000			
Purchase Date 9-2-2000	Dealer's Name ALLEN JONES USED CARS 1462 HWY 12 EAST City STEEN State MS Zip Code 39766	Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	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 A bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" 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 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 12111000 D1300000	Part Name(s) INTERIOR SYSTEMS; PASSENGER RESTRAINTS; AIR BAGS; FRONTA STEERING; POWER ASSIST FRONT END SUSPENSION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 21-JUN-2001	Mileage at Failure(s) 28000	Vehicle Speed at Failure(s) 65
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities 0
Estimated Property Damage CAR 18,835.50		Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>WHILE DRIVING 65 MPH STARTED TO CHANGE LANES, AND NOTICED ANOTHER VEHICLE IN SAME LANE, AND SWERVED BACK TO THE RIGHT. AS SOON AS SHE TURNED WHEEL TO RIGHT SHE LOST CONTROL OF VEHICLE, IT WENT ACROSS 2 LANES OF TRAFFIC TO LEFT, AND HIT A TRACTOR TRAILER HEAD-ON. AIRBAGS DID NOT DEPLOY. CONSUMER AND PASSENGER SUSTAINED MINOR INJURIES. CONSUMER STATED IT FELT LIKE VEHICLE WAS ON ICE. PRIOR TO THIS, WHEN DRIVING OVER A BUMP, VEHICLE WAS HARD TO CONTROL. INSURANCE WILL SEND AN INVESTIGATOR, VEHICLE WAS TOTALLED. PLEASE ADD FURTHER COMMENTS. *AK</p>			
CONTINUE ON BACK IF NEEDED			
<p>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>			



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 75173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NA.T.L. 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

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

When I saw the car in my blindspot, I was no more than 1/3 into the other lane. The amount of movement I made to return to my lane was not extreme, but the front end of the car spun all the way around to the left, crossed 2 lanes, and struck the side of a flatbed tractor trailer - with the front of my car. I have made corrective movements like the one I made that day without any incident many times. Although I take full responsibility for what happened, the car's response did not seem normal.

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

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)

THE IDENTIFICATION NO.	0	1																		
MANUFACTURER/TYRE 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)