



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

17-JUL-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

892994

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4M2DV11W2SDJ18004	MERCURY TRUCK	VILLAGER	1995			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 checked="" 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 08121000	Part Name(s) FUEL:FUEL EMISSION CONTROL:LINES:VAPOR VENT	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) C3-JAN-2001 62000 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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	--------------------------	---

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FUEL VAPORS WERE IN PASSENGER'S COMPARTMENT. DEALERSHIP EXAMINED VEHICLE, AND MADE NECESSARY REPAIRS. VEHICLE WAS AFFECTED BY RECALL 00V419002. BUT, CONSUMER WAS INFORMED THAT REPAIR WORK WAS UNRELATED TO THIS CAMPAIGN. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*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 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		FOR AGENCY USE ONLY 920 Date Received <u>17-JUL-2001</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>892994</u>	
OWNER INFORMATION (Type or Print) [Redacted] <u>702984</u>				Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]				Date <u>08/10/01</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>4M2DV11W2SDJ18004</u>		Vehicle Make <u>MERCURY TRUC</u>	Vehicle Model <u>VILLAGER</u>	Vehicle Year <u>1995</u>	Current Odometer Reading <u>73470</u>
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name <u>Pavilion Lincoln Mercury</u> City <u>Austin</u> State <u>TX</u> Zip Code _____		Engine Size (CID/CC/L) <u>3.6</u> No. Cylinders <u>4</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection
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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input checked="" 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 checked="" type="checkbox"/> Other <u>Mini Van</u>			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>06121000</u>	Part Name(s) <u>FUEL:FUEL EMISSION CONTROL:LINES:VAPOR VENT</u>		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>03-JAN-2001</u> <u>Repair date</u> Mileage at Failure(s) <u>62000</u> <u>64526</u> Vehicle Speed at Failure(s) <u>NA</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>FUEL VAPORS WERE IN PASSENGER'S COMPARTMENT. DEALERSHIP EXAMINED VEHICLE, AND MADE NECESSARY REPAIRS. VEHICLE WAS AFFECTED BY RECALL D0V419002. BUT, CONSUMER WAS INFORMED THAT REPAIR WORK WAS UNRELATED TO THIS CAMPAIGN. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK</p> <p style="text-align: center;">ATTACHMENTS PROVIDED -</p> <p>Fuel lines were leaking at fuel rail. Friends that have this vehrde also experienced the same problem - includes Nissan vans.</p>					
CONTINUE ON BACK IF NEEDED					
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.					

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 5)



57

re

sal forth  
ishing by  
ederal for  
that you  
of for the  
ular, that  
arranges  
ular per-  
at you are  
uneven-  
aterial for  
authorize  
ability in  
all not be  
ove vehi-  
theft or  
y express  
d on the  
f repairs  
ate the  
pawheré  
ng such  
y conse-  
damagae  
rolis. or





