



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 436

Date Received

01-AUG-2001

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

Reference No.

893234

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		
1MELM6634SK611698	MERCURY	MYSTIQUE	1995			
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 checked="" 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 checked="" 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 05150021 05100000	Part Name(s) ENGINE-GASKETS:VALVE COVER ENGINE	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) 26-JUN-2001 Mileage at Failure(s) 99000	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)

ENGINE HEAD GASKET BLEW WHILE CONSUMER WAS ON THE WAY TO WORK. ENGINE NEEDED TO BE REPLACED. IT OVERHEATED WITH SMOKE AND FLUID LEAKING FROM ENGINE. VEHICLE WAS NOT HOLDING COMPRESSION, AND WILL NOT STAY STARTED.*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.



Vehicle Owner's Questionnaire (VOQ)
 DOT Auto Safety Hotline

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 1-888-DASH-2DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

704638

89234

FOR AGENCY USE ONLY 436
 Date Received: 01-01-03 PM 2:42
 Office: EFFECTS DIVISION
 Reference No. 89234

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) (Located in bottom of windshield on driver's side) **1MELM6634SK611698**
 Vehicle Make **MERCURY** Vehicle Model **MYSTIQUE** Vehicle Year **1995**
 Current Odometer Reading _____

Purchase Date _____ Dealer's Name _____ State _____ Zip Code _____
 Engine Size (CID/CCL) _____ No. Cylinders _____ Fuel Injection Gas Diesel Turbo

Transmission Type Automatic Manual
 Antilock Brakes Yes No
 Restraint System 3-Point Belt 2-Point Belt Driver's Side Airbag Passenger's Side Airbag
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Minivan Other _____
 Sport UT Truck Motorcycle
 Body Style 2-Door 4-Door Station Wagon Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component **05 150021** Part Name(s) **ENGINE; GASKETS; VALVE COVER**
 Location Left Right Front Rear
 Failed Part(s) Original Replacement

No. of Failures **1**
 Date(s) of Failure(s) **28-JUN-2001**
 Mileage at Failure(s) **APPROX. 97,000**
 Vehicle Speed at Failure(s) **55 mph**
 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)

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)

ENGINE HEAD GASKET BLEW WHILE CONSUMER WAS ON THE WAY TO WORK. ENGINE NEEDED TO BE REPLACED. IT OVERHEATED WITH SMOKE AND FLUID LEAKING FROM ENGINE. VEHICLE WAS NOT HOLDING COMPRESSION, AND WILL NOT STAY STARTED. *AK
 * FLUIDS WERE CHECKED AND FILLED APPROXIMATELY A MONTH OR SO PRIOR TO ENGINE FAILURE. THIS WAS PERFORMED AT "RICKY'S GARAGE" IN LANDISVILLE, NJ - PHONE-(856) 697-1710.

CONTINUE ON BACK IF NEEDED

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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(5)**

(Page 1 through Page 7)

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