



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 798

Date Received

15-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894376

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2MEPM36X8PB602581	MERCURY	TOPAZ	1993			
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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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 05100000	Part Name(s) 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) 01-AUG-2001 82 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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

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

VEHICLE WILL STALL AND THEN SHUT OFF WHILE TRAVELING AT 65 MPH. PLEASE PROVIDE MORE INFORMATION.*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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 798</p> <p>Date Reported: <u>DEPT-AUG-2001</u></p> <p>Od_of: _____ rt_dt: _____ od_rt: _____ up_lt: _____</p> <p>Reference No. 894376</p>
---	--

<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 707928</p>	<p>Work Number _____</p> <p>Home Number _____</p>
---	---

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized representative, your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 8/22/01

<p>Vehicle Ident. No. (VIN) (located at collar, windshield on driver's side)</p> <p>2MEPM36X8PB602581</p>	<p>Vehicle Make</p> <p>MERCURY</p>	<p>Vehicle Model</p> <p>TOPAZ</p>	<p>Vehicle Year</p> <p>1993</p>	<p>Current Odometer Reading</p> <p>84,300</p>
--	---	--	--	--

<p>Purchase Date</p> <p>11/20/93</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <u>Germain</u></p> <p>City <u>Naples</u> State <u>FL</u> Zip Code <u>33963</u></p>	<p>Engine Size (CID/GC/L)</p> <p>No. Cylinders <u>4</u></p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
--	---	---

<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Dr. verside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
---	---	---	--	---	---	---

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component</p> <p>05100000</p>	<p>Part Name(s)</p> <p>ENGINE</p>	<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>

<p>No. of Failures</p> <p>03</p>	<p>Date(s) of Failure(s): <u>01-AUG-2001</u></p> <p>Mileage at Failure(s): <u>82</u></p> <p>Vehicle Speed at Failure(s): <u>65 mph</u></p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--	---	---

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--	----------------------------------	-----------------------------	----------------------------------	--

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

VEHICLE WILL STALL AND THEN SHUT OFF WHILE TRAVELING AT 65 MPH. PLEASE PROVIDE MORE INFORMATION. *AK

My car has stalled three times, twice while on an interstate, driving approximately 65 mph, and once as I was pulling into my driveway after a 5-hour trip. The first time in October 2000, again in December of 2000 and the last time in April 2001.

Twice, my car was towed to automotive repair and while certain parts were replaced, nothing to positively define or identify the

The Privacy Act of 1974 (Public Law 93-502). 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)





