



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 936**

Date Received

22-AUG-2001

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

Reference No.

894938

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)<br><small>(Location at bottom of<br/>and/or on driver's side)</small> | Vehicle Make  | Vehicle Model  | Vehicle Year  | Current Odometer Reading   |   |   |
| 2MEFM75W8YX640344  | MERCURY   | MARQUIS  | 2000  |  |   |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name<br>City _____ State _____ Zip Code _____                                    | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>05100000 | Part Name(s)<br>ENGINE   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failure<br>0   | Date(s) of Failure(s)<br>01-AUG-2001<br>34000<br>Mileage at Failure(s) 0 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|--------------------------|---|

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

AT 1000 MILES CAN HEAR THE LIFTERS WHEN FIRST STARTING THE CAR, TOOK TO DEALER, AND THEY PUT A FILTER IN CAR TO KEEP OIL IN LIFTERS,. BUT, THIS WAS NOT FIXING THE PROBLEM, JUST COVERING IT UP. PLEASE PROVIDE ANY FURTHER 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.

|  |   |  |  |
|--|---|--|--|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONALWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |   | <b>FOR AGENCY USE ONLY</b> 335<br>Date Received <u>01 SEP 26 22-AUG-2001</u><br>Qd. or rt. dt. <u>        </u><br>bod. rt. <u>        </u><br>up. ltr. <u>        </u><br>OFFICE DEFECTS IN STATION<br>Reference No. <u>894938</u>                                       |  |
| OWNER INFORMATION (Type or Print)<br>[Redacted] <u>709974</u>  |   | Work Number <u>[Redacted]</u><br>Home Number <u>        </u>   |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>in the absence of an authorized representative, you provide your name and address to the vehicle manufacturer.<br>Signature of Owner <u>[Redacted]</u>  |   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Date <u>9/20/01</u>   |  |
| <b>VEHICLE INFORMATION</b>   |   |  |  |
| Vehicle Ident. No. (VIN) <u>2MEFM75W8YX640344</u><br><small>(located on driver's side windshield)</small>  | Vehicle Make <u>MERCURY</u>   | Vehicle Model <u>MARQUIS</u>   | Vehicle Year <u>2000</u><br>Odometer Reading <u>35,000</u>   |
| Purchase Date <u>        </u><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | Dealer's Name <u>        </u><br>City <u>        </u> State <u>        </u> Zip Code <u>        </u>  | Engine Size (CID/CC/L) <u>        </u><br>No. Cylinders <u>        </u>  | <input type="checkbox"/> Turbo Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio  |
| Transmission Type<br><input type="checkbox"/> Manua<br><input checked="" type="checkbox"/> Automatic   | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input checked="" type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
| Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel  | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Sport Ult. Truck<br><input type="checkbox"/> Motorcycle  | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>   |   |  |  |
| Component <u>05100000</u><br>Part Name(s) <u>ENGINE</u>  | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacemen  |  |
| No. of Failures <u>0</u>   | Date(s) of Failure(s) <u>01-AUG-2001</u><br>Mileage at Failure(s) <u>34000</u><br>Vehicle Speed at Failure(s) <u>0</u>  | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)  |   |  |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Number of Persons Injured <u>0</u>   | Number of Fatalities <u>0</u>  |
| Estimated Property Damag <u>        </u>   |   | Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>   |   |  |  |
| <p><u>34,000</u><br/>                 AT <del>1000</del> MILES CAN HEAR THE LIFTERS WHEN FIRST STARTING THE CAR, TOOK TO DEALER, AND THEY PUT A FILTER IN CAR TO KEEP OIL IN LIFTERS, BUT, THIS WAS NOT FIXING THE PROBLEM, JUST COVERING IT UP. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK</p>   |   |  |  |
| CONTINUE OR BACK IF NEEDED   |   |  |  |
| 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. |   |  |  |