



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

31-AUG-2001

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

Reference No.

895593

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 | | |
| 2MECM75F6MVB58564 | MERCURY | GRAND MARQUIS | 1991 | | | |
| 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 checked="" type="checkbox"/> Yes <input 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 08210000 | Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD | 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) 29-AUG-2001 76 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 checked="" type="checkbox"/> Yes <input 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)

CONSUMER WAS DRIVING ABOUT A QUARTER OF A MILE WHEN SMOKE STARTED TO COME FROM ENGINE. CONSUMER PULLED OVER AND VEHICLE CAUGHT ON FIRE. HAS NOT CONTACTED DEALER.*AK

CONFIDENTIAL - NHTSA

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.



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

Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 798

Date Received 01 SEP 25 AM 9:49

31 AUG 2001

DEFECTS MAIL STIGAL

Reference No. 895593

OWNER INFORMATION (Type or Print)

712318

VIN Number

Home Number

Signature of Owner

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.

Date 9/1/01

VEHICLE INFORMATION

| | |
|---|-------------------------------|
| Vehicle Ident. No. (VIN) (located in bottom of window on driver's side) | 2MECM75F6MXB58564 |
| Vehicle Make | MERCURY |
| Vehicle Model | GRAND MARQUI |
| Vehicle Year | 1991 |
| Current Odometer Reading | AT TIME OF FIRE 75500 APPROX. |

| | |
|-----------------------|---|
| Purchase Date | <input type="checkbox"/> New <input checked="" type="checkbox"/> Used |
| Dealer's Name | LUCAS FORD |
| City | BURLINGTON |
| State | N.J. |
| Zip Code | |
| Engine Size (CID/CIL) | No Cylinders 8 |
| Fuel System | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected |

| | |
|-------------------|---|
| Transmission Type | <input checked="" type="checkbox"/> Manual <input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag |
| Motorbelt | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2-Point Belt | <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other |
| Body Style | <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |

| | |
|-----------------------------|--|
| Component | 08310000 |
| Part Name(s) | ELECTRICAL SYSTEM; WIRING; HARNESS; FRONT UNDERHOOD |
| Location | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Failed Parts | Failed Parts 2nd 1st Row |
| Original | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | 29-AUG-2001 |
| Date(s) of Failure(s) | 76 |
| Mileage at Failure(s) | 20 MPH SMOKE FROM FRONT OF HEAD BURNING WIRE 200K |
| Vehicle Speed at Failure(s) | Failed Parts) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Previously | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---------------------------|---|
| Crash | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Persons Injured | NONE |
| Number of Fatalities | NONE |
| Estimated Property Damage | TOTAL VALUE OF THE CAR |
| Reported to Police | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

CONSUMER WAS DRIVING ABOUT A QUARTER OF A MILE WHEN SMOKE STARTED TO COME FROM ENGINE CONSUMER PULLED OVER AND VEHICLE CAUGHT ON FIRE. HAS NOT CONTACTED DEALER, YAK

CAR TOTALLY BURNT UP - TOTAL LOSS

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CONTINUE ON BACK IF NEEDED