



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 758**

Date Received

14-SEP-2001

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

Reference No.

896334

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		
4M2DV11W8SDJ63528	MERCURY TRUCK	VILLAGER	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 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 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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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) 07-SEP-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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PASSENGER'S FRONT SEATBELT RETRACTOR STOPPED WORKING.\*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.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

### Vehicle Owner's Questionnaire (VOQ)

NAT ONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

#### FOR AGENCY USE ONLY

758

Date Received: **14-SEP-2001**  
 REFLECTS IN OFFICE  
 Od. or Mileage: **65,000**  
 Registration: **896334**

#### OWNER INFORMATION (Type or Print)

Address: [Redacted] **715114**  
 Home Phone: [Redacted]

Do you authorize NHTSA to contact the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.  
 Signature of Owner: [Redacted] Date: \_\_\_\_\_

#### VEHICLE INFORMATION

Vehicle Ident. No. (VIN): **4M2DV11W8SDJ83628** (Located at bottom of windshield on drivers side)  
 Vehicle Make: **MERCURY TRUCK** Vehicle Model: **VILLAGER** Vehicle Year: **1996** Current Odometer Reading: **65,000**

Purchase Date: **10-27-97** Dealer's Name: \_\_\_\_\_  
 New  Used Engine Size (CID/CC): **3.0** Turbo   
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ No. Cylinders: **6** Diesel   
 Gas Fuel Injection

Transmission Type:  Manual  Automatic  
 Antilock Brakes:  Yes  No  
 Restraint System:  3-Point Belt  Motorbelt  2-Point Belt  
 Driverside Airbag  Passengerside Airbag  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Sport Ut.  Truck  Motorcycle  
 Minivan  Other  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

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

Component: **12240900** Part Name(s): **INTERIOR SYSTEMS-ACTIVE RESTRAINTS:BELT RETRACTORS** Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement

No. of Failures: **PART COMPLETELY INOPERATIVE** Date(s) of Failure(s): **07-SEP-2001** Failed Part(s):  Yes  No  
 Mileage at Failure(s): **52000** NHTSA Previously:  Yes  No  
 Vehicle Speed at Failure(s): \_\_\_\_\_

#### APPLICATION INCIDENT INFORMATION

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

Crash:  Yes  No Fire:  Yes  No  
 Number of Persons Injured: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_ Estimated Property Damage: \_\_\_\_\_  
 Reported to Police:  Yes  No

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

**PASSENGER'S FRONT SEATBELT RETRACTOR STOPPED WORKING.\*AK**

*Could not retract. Should not have failed.*

CONTINUE ON BACK \*NEEDED

The Privacy Act of 1974 (Public Law 93-574) 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)(5)**

**(Page 1 through Page 2)**

