



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

27-NOV-2001

Od. or  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

899500

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		
2MEBM74F5JX705494	MERCURY	GRAND MARQUIS	1988			
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 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 01120000 08500000	Part Name(s) STEERING COLUMN ELECTRICAL SYSTEM:IGNITION	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	Dates of Failure(s) _____ Mileage at Failure(s) _____ 80 Vehicle Speed 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IGNITION SWITCH / STEERING WHEEL AND COLUMN HEAT UP. CONTACTED DEALER, AND DEALER IS NOT WILLING TO DO ANYTHING. \*AK

COPIED FROM NHTSA FORM 101

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

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

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

## FOR AGENCY USE ONLY

798

Date Received

11/17/2001 2:09

27-NOV-2001

Od\_or  
rt\_dt  
od\_rl  
up\_ltr

Reference No.

899500

### OWNER INFORMATION (Type or Print)

27703

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of your signature, we will use the name and address to the vehicle manufacturer.

YES  NO

Date 12/13/2001

Signature of Owner

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located in column to windshield on driver's side) **2MEBM74F5JX705494** Vehicle Make **MERCURY** Vehicle Model **GRAND MARQUE** Vehicle Year **1988** Current Odometer Reading **89480**

Purchase Date **5/25/99**  
 New  Used

Dealer's Name **private**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Engine Size (CID/CC/L) **5.0** Turbo   
Diesel   
Gas   
Fuel Injectio   
No. Cylinders **8**

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

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

Component **01120000** Part Name(s) **STEERING COLUMN** Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacemen  
**08500000** **ELECTRICAL SYSTEM:IGNITION**  
No. of Failures \_\_\_\_\_ Date(s) of Failure(s) \_\_\_\_\_ Mileage at Failure(s) **80** Failed Part(s)  Yes  No 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)

**IGNITION SWITCH / STEERING WHEEL AND COLUMN HEAT UP, CONTACTED DEALER, AND DEALER IS NOT WILLING TO DO ANYTHING. \*AK**

*Twice we went to Wayne Akers Ford and they refused to replace ignition switch as a recall. It does heat up. They want us to pay for R and R.*

CONTINUE ON BACK IF NEEDED

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