



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received	Order #
05-06-00	
Reference No.	Order #

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? Yes No

In the absence of an authorization, NHTSA WILL NOT provide information and address to the vehicle manufacturer.

SIGNATURE OF OWNER: [Signature] DATE: 2-28-00

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield on driver's side: 1MELM55U1VA604621	VEHICLE MAKE Mercury	VEHICLE MODEL STATION WAGON	MANUFACTURE DATE AUG 1996	MODEL YEAR 1997
VEHICLE MANUFACTURER <input checked="" type="checkbox"/> Ford	<input type="checkbox"/> BMW	<input type="checkbox"/> Honda	<input type="checkbox"/> Nissan	<input type="checkbox"/> Subaru
<input type="checkbox"/> Daimler/Chrysler	<input type="checkbox"/> General Motors	<input type="checkbox"/> Hyundai	<input type="checkbox"/> Saab	<input type="checkbox"/> Toyota
<input type="checkbox"/> Volvo	<input type="checkbox"/> Other	Mercury		
PURCHASE DATE Jan 1998	DEALER'S NAME CLARKE Ford	CITY HARTVILLE	STATE OH	ZIP CODE 44632
ENGINE SIZE 4.0L/190	FUEL SYSTEM Fuel Injection	FUEL TYPE Gas	TRANSMISSION TYPE Automatic	ANTILOCK BRAKES No
DRIVETRAIN Front	VEHICLE TYPE Car	RESTRAINT SYSTEM Driver Side Airbag	CRUISE CONTROL No	
		2-Point Belt		
		3-Point Belt		
		4-Door		
		2-Door		
		Other		
		Station Wagon		
		Hatchback		
		Pick Up Truck		
		Sedan		
		Station Wagon		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input checked="" type="checkbox"/> Other: No way to open hatch back	NO. OF FAILURES 1	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE	
MILEAGE AT INCIDENT	TIRE BRAND		
VEHICLE SPEED AT INCIDENT Luckily no incident to prove vulnerability	<input type="checkbox"/> BF Goodrich		
FAILED PART(S) Original persons sitting 3rd seat and stuck	<input type="checkbox"/> Cooper		
FAILED PART(S) AVAILABLE? Inside unless summer opens door from outside (safety outlook)	<input type="checkbox"/> Firestone		
	<input type="checkbox"/> Goodyear		
	<input type="checkbox"/> Kelly Springfield		
	<input type="checkbox"/> Michelin		
	<input type="checkbox"/> Yokohama		
	<input type="checkbox"/> Other		
HANDICAPPED ABILITY No	NHTSA PREVIOUSLY CONTACTED? No		

APPLICABLE 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	NUMBER OF PERSONS INJURED 0	CAUSE OF INCIDENT <input checked="" type="checkbox"/> Risky	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES 0	<input type="checkbox"/> Wear/Corroded/Rust	<input type="checkbox"/> Loss of Control
			<input type="checkbox"/> Weak/Poor Fit, loose	<input type="checkbox"/> Poor Visibility
			<input type="checkbox"/> Cut/Torn	<input type="checkbox"/> Inadvertent Start
			<input type="checkbox"/> Disconnect/Fall Off	<input type="checkbox"/> Rollover
			<input type="checkbox"/> Erratic/Poor Performance	<input type="checkbox"/> Stalls
			<input type="checkbox"/> Excessive Effort	<input type="checkbox"/> Sudden Acceleration
			<input type="checkbox"/> Noisy	
			<input type="checkbox"/> Leaks	
			<input type="checkbox"/> Short	
			<input type="checkbox"/> Loose/Sticks/Grabs	
			<input type="checkbox"/> Stability/Vibration	
			<input type="checkbox"/> Broken	

PLEASE DO NOT WRITE IN THIS AREA



00468

narrative description of incidents, features, crashes), locations, and injuries). Include additional accidents if applicable.

Description of Potential hazard
To life because
of STATION WAGON
Door on Mercury Sable
in written previous
page. Thank you

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974, Public Law 93-579. The 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.

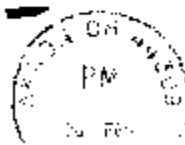
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HS Form 350 (Rev. 8/93)

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

**QUESTIONNAIRE
(V00Q)**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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Administration

www.nhtsa.dot.gov/hotline