



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

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 8/16/01	Order _____
Reference No.	Unit _____
	Code _____
	Up/In _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 2M4F74W31X621661		VEHICLE MAKE MERCUARY <i>GRAND MARQUE</i>	VEHICLE MODEL GS	MANUFACTURE DATE	MODEL YEAR 2001	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <i>Ford - MERCURY</i> <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"/> VW						
PURCHASE DATE 6/29/01	<input type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME SOLMON'S <i>RENTON LINCOLN MERCURY</i>	CITY RENTON	STATE WA	ZIP CODE 98055	
ENGINE SIZE <i>(CID/CC) 4-1</i>	FUEL SYSTEM <input type="checkbox"/> Carb <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NO. CYLINDERS 4	DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> Res.	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other <i>SEE OVER</i> <i>WHEELS</i>	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 7/4/01	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 88	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <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 _____	
	VEHICLE SPEED AT INCIDENT 15 mph	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA/PREVIOUSLY CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury/death on the back of this form.	CRASH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input checked="" type="checkbox"/> BANG <input checked="" type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Follover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



03436

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

ON 6/24/01, I PURCHASED
 A NEW MERCURY GRAND MARQUIS
 FROM SONOMAN'S RENTON KIROUWA
 MERCURY DEALERSHIP IN RENTON WA
 AT DEPARTING THE VEHICLE MARKET
 WAS (SR)
 BREAK COMPARTMENT APPROX 30 MILES
 I CAME TO A "STOP SIGN"
 WHEN CLEAR TO PROCEED, I
 TOOK A RIGHT TURN AND
 ACCELERATING AWAY NORMALLY
 AND IN LOW GEAR DROVE 15 MPH
 I FELT - A SHARP VIBRATION
 FOLLOWED BY A DEAFENING "LOUD"
 BANG / EXPLOSION WHICH APPEARED
 TO COME FROM UNDERNEATH THE
 CENTRAL OF THE VEHICLE (BUT NOT STRIKE)
 I IMMEDIATELY APPLIED THE BRAKES
 SWITCHED OFF THE IGNITION AND GOT
 OUT OF THE VEHICLE FOR A TIME.
 THEN, I TOOK THE CAR BACK TO
 THE DEALERSHIP AND SO THEY TOOK ME
 TO HAVE TO DIAGNOSE WHAT I WAS
 THE REASON FOR THIS "BANG"
 EXPLOSION

Continue on additional pages if necessary.
 Describe any additional incidents. (Include date and mileage)
 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.
 Mark Requested by NHTSA Form 350 (Rev. 8/99) HS Form 350 (Rev. 8/99)

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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

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

1000+06302

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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