

*No Defect*



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 <b>8/28/01</b>	Qd-or _____
Reference No.	ri-3t _____
	sd-rt _____
	up-4t _____

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield or driver's side <b>1MELM15PXVW602954</b>		VEHICLE MAKE <b>MERC</b>	VEHICLE MODEL <b>Tracer</b>	MANUFACTURE DATE	MODEL YEAR <b>1997</b>	
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE <b>7/18/96</b>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <b>Lincoln Mercury</b>	CITY <b>ALBUQUERQUE</b>	STATE <b>NM</b>	ZIP CODE <b>87108</b>	
ENGINE SIZE <b>2.95L</b> NO. CYLINDERS	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driver's Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger's Airbag <input type="radio"/> Volant belt <input type="radio"/> 3-Point Belt	CRUISE CONTROL <input type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick-Up Truck <input checked="" type="radio"/> Stationwagon		

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

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electric Lights & Alarm <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	NO. OF FAILURES <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	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 <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	FAILED PART(S) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnected/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Nriay <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Ricken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input 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



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