



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: 1/3/02
 Reference No.: _____
 Other: _____
 Title: _____
 Address: _____
 Telephone: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
2MEFMT4W41X633477		MERCURY	Grand Marquis		2001
VEHICLE MANUFACTURER					
<input type="radio"/> BMW <input checked="" 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"/> Seab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
8/13/01		Timberland	Grove Hill	AL	36451
ENGINE SIZE (cc/di/cyl)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
4.6L	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Driverside Airbag <input checked="" type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt
NO CYLINDERS				CRUISE CONTROL	
8				<input checked="" type="radio"/> Yes <input type="radio"/> No	
DRIVETRAIN	VEHICLE TYPE			DOORS	BODY STYLE
<input type="radio"/> Front <input checked="" type="radio"/> Rear	<input checked="" 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			<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <u>Trans- Brake-Park Interlock</u>	NO. OF FAILURES	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		
	FAILED PART(S)	NHTSA PREVIOUSLY CONTACTED?	
	<input type="radio"/> Original <input type="radio"/> Replacement	<input type="radio"/> Yes <input checked="" type="radio"/> No	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Loose <input type="radio"/> Short <input checked="" type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input checked="" type="radio"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

PLEASE DO NOT WRITE IN THIS AREA

05643

crashes), locations), and injury(ies). Include additional accidents if applicable.

When shifting from
park to reverse the
power train will lock
up or go into a severe
strain similar to the
brakes being locked.
Occasionally the car
will surge forward
even though the trans
indicator is in the
reverse position.

Timberland cannot
find a problem and cannot
make the car duplicate
the problem.

We are afraid to drive
the car because of the
forward surge when in
reverse. There is no warning
when the surge happens.

Incidents have occurred
randomly since 8-15-01 and monthly

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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 manufacturing defect exists and to 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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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

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

**VEHICLE
OWNER'S
QUESTIONNAIRE
(VOCQ)**

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



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

www.nhtsa.dot.gov/hotline

U.S. Department
of Transportation

National Highway
Traffic Safety
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400 Seventh St., S.W.
Washington, D.C. 20590

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Penalty for Private Use \$300