



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY

Date Received: **JAN 27 2003 5:11**

Repository

Reference No.  
10001049

OFFICE  
DEF. CTS INVESTIGATION  
Daytime Telephone Number  
Evening Telephone Number

E-mail Address

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: **BROSELEY** State: **MO** Zip Code: [REDACTED]

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 your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: **01/14/03**

**VEHICLE INFORMATION**

Make: **LINCOLN** Model: **TOWN CAR** Model Year: **2002**  
Date Purchased: **7.10.01** Dealer's Name and Telephone Number: **BUD SHELL 573 624-7476** Engine: No. Cylinders: **8** Fuel Type:  
Original Owner:  Dealer's City: **DEXTER, MO** Zip Code: **63041**  
Transmission Type: [REDACTED]  Antilock Brakes  Cruise Control Powertrain: [REDACTED] Vehicle Component Code: **141000 AIR BAGS:FRONTAL**  
Multiple Failure: [REDACTED]

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

Incident Date(s): **25-NOV-2002** Failure Mileage: **6000** Failure Speed: **20-30 mph**

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM15A8C036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No. (Type): [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: **1** Number of Deaths: [REDACTED] Reported to Police: **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

**WHILE DRIVING 20MPH, THE PASSENGER SIDE AIR BAG DEPLOYED WITHOUT WARNING CAUSING INJURIES TO PASSENGER IN SEAT. TS SIDE**

**THE CAR HASN'T BEEN REPAIRED YET. LINCOLN REFUSES TO ANTICIPATE WARRANTY REPAIRS UNTIL WE SIGN A RELEASE ABSOLVING THE COMPANY FOR RESPONSIBILITY FOR THE INJURY TO MY MOTHER.**

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.