



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
(1-888-327-4298)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: RECEIVED

Repository

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Reference No. 10002075

DEFECTS INVESTIGATION OFFICE

Daytime Telephone Number

Address

Evening Telephone Number

SAME

OWNER INFORMATION (Type or Print)

Name

Address

City

CLARE

State

MI

Zip Code

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 _____ Date 1/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located on bottom of steering knuckle (year's only)

2LNLM93W4RY630467

Make

LINCOLN

Model

TOWN CAR

Model Year

1994

Date Purchased
Nov. 2000

Dealer's Name and Telephone Number

Engine:

No. Cylinders V-8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failure: Lost full control of car
Wheel separated from lower ball joint

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

DEC-2002
7-Dec 2002

Failure Mileage

99000

Failure Speed

5 miles per hour

Lincoln was backing away from parking zone and the car frame dropped on the pavement due to wheel separation from ball joint.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM49ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

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

0

Number of Deaths

0

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).

CONSUMER ADVISED THAT LEFT SIDE LOWER BALL JOINT CONNECTED TO STEERING COLUMN SEPARATED WHILE DRIVING CAUSING LOSS OF STEERING CONTROL. DEALER ADVISED JOINT SEPARATED DUE TO LACK OF GREASE AT ASSEMBLY. PH

The day before the failure we drove 300 miles on the expressway with a speed of 65-70 miles per hour. Chances are we could have been killed or injured due to this failure. The original ball joint had no grease at the time of joint separation which caused the failure. The vehicle was repaired and parts replaced including grease at the assembly. The repair bill is enclosed and we have the old parts available.

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**