


 US 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

FOR AGENCY USE ONLY

Date Received

2003 APR 18 PM 12:17

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_lr \_\_\_\_\_

Reference No.

10017159

**OWNER INFORMATION (Type or Print)**

Name			
Street No.		Apt. No.	
City	State PA	Zip Code	Daytime Telephone Number

 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 information to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 3/31/03

**PRODUCT INFORMATION**

Vehicle Identification No. (VIN) (17 Digits) 1ZMHM82W71Y714911		Make LINCOLN	Model TOWN CAR	Year 2001
Purchased Date 3-23-02	Dealer's Name Premier Lincoln Merc		Engine Size (CID/CCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City Cranberry TWP	State PA	Zip Code 16066	No. Cylinders 4 <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

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

Part Name(s) Acceleration	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	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). Attach photos if available.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of incident(s), failure(s), crash(es), and injury(ies).

When vehicle was put into "Reverse" sudden acceleration, top speed - Brake Applied could not control it. Damage to an empty vehicle and cost to Town Car was 7,200.00 + my out of pocket expense of 500.00 Collision Det. Mfg. will assume no blame - Also will not attempt to prevent this happening again. We are terrified it will, and cause damage or death. I have given this info once before.

Continue on back.

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Is There Pressure That CAN be placed on this MANUFACTURER to be responsible. MY insurance And my driving record is threatened. Also my fear of This CAR keeps me from driving it.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

HELP YOUR LOCAL RED CROSS 152 04/01/06 16:52 155-5

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS 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 (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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