



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

FOR AGENCY USE ONLY 1368

Date Received

08-MAY-2003

Repository

Reference No.  
10019490

OWNER INFORMATION (Type or Print)

Name

Address

City

BATON ROUGE

State LA

Zip Code

Daytime Telephone Number

E-mail Address

Evening 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 name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

Make  
LINCOLN

Model  
TOWN CAR

Model Year  
2001

Date Purchased

2/28/02

Dealer's Name and Telephone Number

New Roads Motor Co., Inc. 1-800-716-6762

Engine:

No. Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City  
New Roads

State

LA

Zip Code

70760

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

061000 ENGINE AND ENGINE COOLING;ENGINE

Multiple Failures 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-MAY-2002  
1 Dec 2002

Failure Mileage

25,400

Failure Speed

20

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: DOTM19ABC036)

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

NONE

Number of Deaths

NONE

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, THE VEHICLE BECAME ENGLUPED IN FLAMES UNDER THE HOOD. \*JB

The Car burned up and was declared a Total Loss by my insurer, State Farm Ins. Co.

The Fire Captain who accompanied the Fire truck, states that in his report to State Farm, he would give the probable cause of the fire as a short in the electrical system. However, he said he was not certain this was the cause as his father-in-law had a similar vehicle that burned up due to a defect in the cruise control. At 20 miles per hour, the Cruise Control was not on in this instance. I did not receive a copy of his report.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.