



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 100083

Date Received  
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Repository   
Reference No.  
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OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City DAVIE State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [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 / /

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side  
1LNHM83W61Y719774  
Make LINCOLN Model TOWN CAR Model Year 2001

Date Purchased 01-20-04 Dealer's Name and Telephone Number 5/8/03 Pompano Beach Mercury 954-782-8110  
Original Owner  Dealer's City Pompano Beach State FL Zip Code 33064  
Engine: No. of Cylinders 8 Fuel Type: Gas

Transmission Type AUTOMATIC  Antilock Brakes Powertrain rear wheel drive  Cruise Control  
Vehicle Component Code 414300 ELECTRICAL SYSTEM: WIRING: REAR COMPARTMENT/TRUNK  
Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 6/10/03 Failure Mileage 16,780 Failure Speed 0

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: DOTM16ABC035)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] The Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [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), 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 COMPLAINED ABOUT THE LIGHT IN THE TRUNK. LIGHT WARMED UP SO MUCH THAT IT MELTED THE PLASTIC WHICH COVERED IT AND CAUSED A FIRE IN THE VEHICLE. MANUFACTURER WAS NOT CONTACTED. AK.

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 responses 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.