



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 100151

Date Received
JAN 13 10:53
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OWNER INFORMATION (Type or Print)

Name
Address
City COPIAGUE State NY Zip Code

Daytime Telephone Number
Evening Telephone Number
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner Date 1/13/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) as applicable or stamped on driver's side
7LNMB1W0
Make LINCOLN Model TOWN CAR Model Year 1996
Date Purchased 1996 Dealer's Name and Telephone Number NASSITT LINCOLN
Original Owner Dealer's City WATAGH NY 11793 State NY Zip Code 11793 Engine No. Cylinders 8 Fuel Type GAS
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain
Vehicle Component Code 063200 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM:MANIFOLD
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10/31/03 Failure Mileage 58000 Failure Speed 30 INTAKE MANIFOLD

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Michelin Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: COPIAGUE NY 11726
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 Number of Deaths 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 APPROXIMATELY 30 MPH VEHICLE STARTED TO SMOKE. DEALER DETERMINED THAT THE PLASTIC MANIFOLD BLEW OUT AND WAS REPLACED. *AK

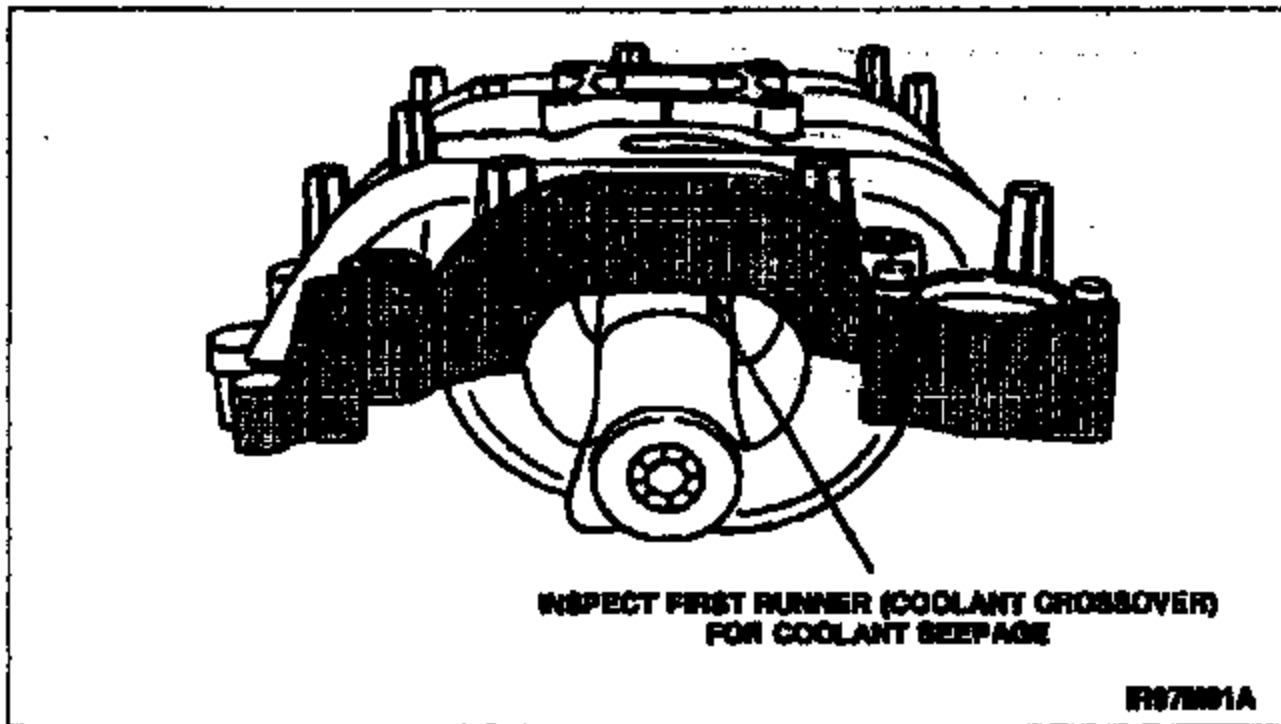
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice

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 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.

Intake Manifold: Recalls**Inspection**

INSPECTION

**Figure 1**

Inspect intake manifold in area shown in Figure 1 for coolant seepage. If seepage is present, the intake manifold must be replaced. If seepage is not present, no service action is required.

INTAKE MANIFOLD REPLACEMENT**NOTE:**

THE FIGURES ILLUSTRATED IN THE FOLLOWING TECHNICAL INSTRUCTIONS REPRESENT A 1997 CROWN VICTORIA EQUIPPED WITH A 4.6L SOHC ENGINE. THE 1996 AND 1998 MODEL YEAR VEHICLES ARE SIMILAR. REFER TO THE APPROPRIATE MODEL YEAR SERVICE MANUAL FOR ADDITIONAL DETAILS.

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