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 100184

Date Received	Repository
2004 JAN 20 PM 12:20 18-NOV-2003	
	Reference No. 10048325

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: MCHENRY	State: IL	Zip Code: [redacted]	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 [illegible] to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 12-30-03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1LNFM81W3[redacted]	LINCOLN	TOWN CAR	1998

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
3/101	CORRIDGE motors 847-949-4266	8	GAS
Original Owner ☐	Dealer's City: MUNDELEIN	State: IL Zip Code: 60060	

Transmission Type	Antilock Brakes	Powertrain	Vehicle Component Code
AUTO	Cruise Control		020000 SUSPENSION
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-NOV-2003	397000	35	REAR TRAILING ARM MOUNT FAILURE

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: DOTMALBABC038)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 35 MPH CONSUMER HEARD A SNAPPING SOUND, AND FELT THE REAR END OF THE VEHICLE SWAY FROM ONE SIDE TO THE OTHER. AFTER A THOROUGH INSPECTION IT WAS DISCOVERED THAT THE TRAILER ARM BRACKETS BROKE. THIS TRAILER ARM BREAKING HAD A LOT TO DO WITH THE CONTROL OF THE VEHICLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY