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

2004

FOR AGENCY USE ONLY 1367

Date Received	Repository
JAN 15 PM 2:14 02-DEC-2003	
	Reference No. 10049883

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City ORLANDO [redacted] State FL Zip Code [redacted]		

Do you authorize N[redacted] the manufacturer of your vehicle? [X] YES [X] NO
In the absence of a[redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1LNLM92V7[redacted]	LINCOLN	MARK VIII	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	Central Florida Lincoln Mer.				
Original Owner [ ]	Dealer's City Orlando, FL	State FL	Zip Code		

Transmission Type	[ ] Antilock Brakes [ ] Cruise Control	Powertrain	Vehicle Component Code: 121000 EXTERIOR LIGHTING:HEADLIGHTS
			Multiple Failure: 1

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

Incident Date(s)	Failure Mileage	Failure Speed	
	50000		

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: DOTMAL9ABC098)	[ ] 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 Injuries.)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
[ ] Yes [X] No	[ ] Yes [X] No			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).

HEADLIGHTS MALFUNCTIONED, THEY FAILED TO ILLUMINATE FULLY. THIS REDUCED THE DRIVER'S VISIBILITY. TSB 604850 WAS ISSUED ON HEADLIGHT REPLACEMENT CAMPAIGN, BUT CONSUMER'S VEHICLE VIN WAS NOT INCLUDED.*AK

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