



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 100145

Date Received: 2004 JUN 22
19-FEB-2004
Repository:
Reference No.: 10059350

OWNER INFORMATION (Type or Print)
Name: [Redacted]
Address: [Redacted]
City: BERNE State: NY Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: 561-418-8112

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: 1/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE FILL IN: 1LNLM97Y6V [Redacted]
Make: LINCOLN Model: CONTINENTAL Model Year: 1997
Date Purchased: 9-30-97 Dealer's Name and Telephone Number: Hazare 578-458-7550
Engine: 4.6L No. Cylinders: 8 Fuel Type: Gas
Original Owner: [Redacted] Dealer's City: Albany State: NY Zip Code: 12205
Transmission Type: Automatic Manual Powertrain: FWD
Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 31-JAN-2004 Failure Mileage: 73100 Failure Speed: 30 MPH
Internal breakage of hard metal

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: _____ The 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: 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. List parts repaired or replaced (and if old part is available).

THE VEHICLE'S TRANSMISSION FAILED WITHOUT WARNING. THE DEALER STATED THAT AN INTERNAL BREAK OF METAL IN THE TRANSMISSION HAD OCCURRED. *NM

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

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**