



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 100216

Date Received

2004 APR 29 PM
31-MAR-2004

Repository

Reference No.
10065384

OWNER INFORMATION (Type or Print)

Name

Address

City PALESTINE

State IL

Zip Code

Daytime Telephone Number

E-mail Address

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 your signature, provide your name or address to the vehicle manufacturer.)
Signature of Owner _____ Date 4/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1LNHM01W0XY627515

Make
LINCOLN

Model
LINCOLN

Model Year
1999

Date Purchased
5/25/01

Dealer's Name and Telephone Number
Robinson Ford Lincoln Mercury (618-546-5440)

Engine:
No. Cylinders
8

Fuel Type:
Regular
Unleaded

Original Owner

Dealer's City
ROBINSON

State
IL

Zip Code
62454

Transmission Type
Automatic

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
3/26/04

Failure Mileage
47,600

Failure Speed
15 MPH

The tie rod end dropped off.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/66R15)

DOT No. (Example: DOTMALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Model:

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).

WHEN TURNING THE STEERING WHEEL CONSUMER HEARD A POPPING NOISE COMING FROM THE FRONT. THE VEHICLE WAS TAKEN TO A BODY SHOP FOR INSPECTION, AND MECHANIC DETERMINED THAT UPPER BALL JOINTS NEEDED TO BE 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 93-579) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

In December of 2003 the car started making a loud popping in the front end when the steering wheel was being turned. On 12/18/03 I had a repair shop examine the front steering and mechanic determined the right side tie rod end was ready to drop off so he replaced it. On 3/16/04 while driving down a city street about 20 MPH the left side tie rod end just dropped off and lost steering. I coasted off to the right side of city street. I had to call a tow truck to have vehicle towed to the repair shop. The mechanic had to replace the left side tie rod end. I have enclosed the repair bills for both incidents. Luckily I was not traveling at an interstate speed limit.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL, HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



62451



**VEHICLE
OWNER'S
QUESTIONNAIRE**
DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

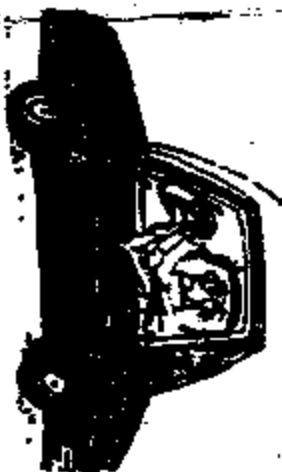
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) & DOT



US Department of Transportation
National Highway Traffic Safety
Administration
<http://www.safercar.gov>

ODOMETER DISCLOSURE STATEMENT
(Non-Leased)

FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE ODOMETER MILEAGE UPON TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR AN INACCURATE STATEMENT MAY MAKE YOU LIABLE FOR DAMAGES TO YOUR TRANSFEREE, FOR ATTORNEY FEES, AND FOR CIVIL OR CRIMINAL PENALTIES, INCLUDING FINES AND/OR IMPRISONMENT, PURSUANT TO SECTIONS 409, 412, AND 413 OF THE MOTOR VEHICLE INFORMATION AND COST SAVINGS ACT OF 1972 (PUB. L. 92-513, AS AMENDED BY PUB. L. 94-364).

ROBINSON FORD LINC MERC STATE THAT THE ODOMETER
(TRANSFEROR'S NAME - PRINT)

NOW READS 20623 (NO TENTHS) MILES/KILOMETERS AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED BELOW, UNLESS ONE OF THE FOLLOWING STATEMENTS IS CHECKED.

CHECK ONE BOX ONLY.

- (1) I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
- (2) I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING ODOMETER DISCREPANCY.


YEAR	MAKE	BODY TYPE	MODEL
1999	LINCOLN	SEDAN	TOWNCAR
VEHICLE IDENTIFICATION NUMBER			
1LNHM811XXY627515			

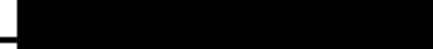
TRANSFEROR'S SIGNATURE 

PRINTED NAME ROBINSON FORD LINC MERC

TRANSFEROR'S ADDRESS 201 E MAIN STREET
STREET
ROBINSON IL 62454
CITY STATE ZIP

DATE OF STATEMENT 05/25/01

TRANSFEREE'S SIGNATURE 

PRINTED NAME 

TRANSFEREE'S ADDRESS 
STREET
PALESTINE IL 
CITY STATE ZIP

**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).**