



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 1388

Date Received

Repository ☐

Reference No.
10076907

OWNER INFORMATION (Type or Print)

Name

Address

City COLUMBUS

State OH

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 an authorized signature, please print your name or address to the vehicle manufacturer.

Signature of Owner

Date 7/14/04

VEHICLE INFORMATION

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

1LNBM81FLKY

Make
LINCOLN

Model
TOWN CAR

Model Year
1989

Date Purchased

Dealer's Name and Telephone Number

Bob Boyd 614-863-2800

Engine:

No. Cylinders 8

Fuel Type:

Original Owner

Dealer's City

Columbus

State

Zip Code

OH

43232

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

102000 POWER TRAIN:MANUAL TRANSMISSION

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

28-APR-2004

Failure Mileage

90,951

Failure Speed

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

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(es).)

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(es).

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, THE PLASTIC CAP SNAPPED. THIS MADE IT HARD FOR THE CONSUMER TO SHIFT THE TRANSMISSION GEARS. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

Please see letter attached.

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.

To whom it may concern,

7/3/04

This letter is to address the problem to my 89 Town Car. On April 29, 2004 as I was driving on the freeway and as I was passing a truck my car began to lose power and jerking.

I took my car to Bob Boyd on June 3, 2004. They told me that the plastic cap on the transmission cable that connects to the throttle body broke. The transmission was damaged due to the plastic cap breaking. It is a factory defect and all 89 Town cars with the plastic caps should be recalled as this could cause a serious or deadly accident. The service man said they were changing from the plastic caps to the brass clips. He also said there have been numerous of cars being repaired for the same problem.

I am going to send a letter to the Attorney General's office regarding this situation. I want you to reimburse me the \$1516.82 that I had to pay for the repair of my car. If you don't submit reimbursement to me in a timely manner I will be forced to file a claim with small claims court. My address is [redacted] Columbus OH [redacted] and my number is [redacted]

Sincerely,

[redacted]

[redacted]

P.S. You will find a copy of the receipt attached.

**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).**