



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 100222

Date Received

08-NOV-2004

Repository

Reference No. *12-27*
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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City GREER State SC 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 authorization NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date *12/21/04*

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____ Make LINCOLN Model TOWN CAR Model Year 2001

Date Purchased *2001* Dealer's Name and Telephone Number *Heritage Lincoln Mercury* Engine: No. Cylinders _____ Fuel Type: Gas *not indicated*

Original Owner Dealer's City *Greenville* State *SC* Zip Code *29615*

Transmission Type AUTOMATIC Antilock Brakes Powertrain UNKNOWN Vehicle Component Code 140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-OCT-2004 Failure Mileage 40000 Failure Speed 35-40

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: DOTMALBABC036) 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 Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police Y

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 ON THE HIGHWAY CONSUMER'S VEHICLE WAS INVOLVED IN A CRASH. UPON IMPACT, AIR BAGS FAILED TO DEPLOY. MANUFACTURER WILL NOT REPLACE THE AIR BAGS. *AK

I was driving on the highway, went off the exit ramp between 35-40 miles and side airbags deployed.

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

The Privacy Act of 1974 (Public Law 93-598) 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.