


could put their name in that box

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injure me or others if I drive this car
I'm sure more of the people who have been contacted

 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 100248 Date Received 2005 JAN -5 09:11:44 09-DEC-2004		Repository <input type="checkbox"/> Reference No. 10103426	
OWNER INFORMATION (Type or Print)							
Name			Daytime Telephone Number		E-mail Address		
Address							
City RINGGOLD		State GA	Zip Code				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of authorization, NHTSA will NOT include your name or address to the vehicle manufacturer.							
Signature of Owner			Date 12/28/04				
VEHICLE INFORMATION							
17 digit vehicle identification number located at bottom of windshield on driver's side		Make LINCOLN	Model TOWN CAR	Model Year 2003			
1LNHM82W811							
Date Purchased		Dealer's Name and Telephone Number		Engine: No. Cylinders 8	Fuel Type: Gas		
Original Owner <input checked="" type="checkbox"/>		Dealer's City		State	Zip Code		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK				
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1				
FAILED COMPONENT(S) / PART(S) INFORMATION							
Incident Date(s) 24-NOV-2004	Failure Mileage	Failure Speed 30					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE							
Tire Make <u>Michelin</u>		Tire Model (Name or Number)		Tire Size (Example P215/65R15)			
DOT No. (Example: DOT1M1ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:				
		<input type="checkbox"/> Prior Repair					
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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. <input checked="" type="checkbox"/> parts repaired or replaced (and if old part is available).							
THE BRAKES DID NOT FUNCTION AT 30 MILES AN HOUR WHICH CAUSED THE CONSUMER TO LOOSE CONTROL OF THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER, BUT THEY WERE UNABLE TO DETERMINE A CAUSE. *JB CAR WAS GRINDING like metal rubbing together as driving on a speed - I WAS OUT OF CONTROL FOR APPROX 1/2 MILE BEFORE EVERYTHING SUBSIDED - I RAN THEN A STOP STREET OF HEAVILY TRAVEL VEHICLES							
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 responses 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.							

This was traumatic & there is a chance next time it could kill

Comment. Please (What are my options)
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

To TAKE this ONE step further - The incident was NOT just a PASSENGER BRAKE failure - The car sounded like I was on a metal grid my car was not steerable and I went thru a stop @ A Very busy Highway 18 wheel trucks travel & also I have seen many wrecks on that road - The car made a grinding metal sound. Nothing diagnosed!! But if a million to one will happen again would anyone involved put their wife children or anyone else in that situation? I AM NOT driving since - It has been impossible to get in and drive that car. A very beautiful expensive car - ATTACH ADDITIONAL SHEETS IF NECESSARY one owner very well cared for & serviced

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

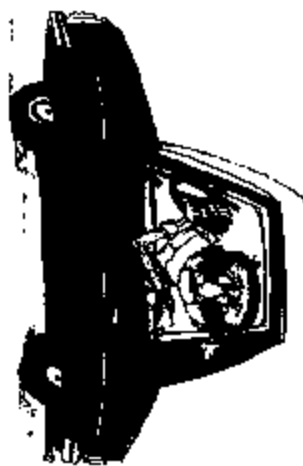
Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. 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



VEHICLE OWNER'S QUESTIONNAIRE
DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

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www.nhtsa.dot.gov/online