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 1U0216

Date Received	Repository ☐
11-JAN-2005	Reference No. 10107222

Name	Daytime Telephone Number	E-mail Address
Address [redacted] New Hempstead NY [redacted]	[redacted]	
City		

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: / /

VEHICLE INFORMATION

Vehicle Identification Number (VIN)	Make	Model	Model Year
1LNHM87A24Y[redacted]	LINCOLN	LS	2004 Produced after 0 1 2003 sold as 2004

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
3/27/04	Westwood Lincoln Mercury 201-265-7700		8	
Original Owner ☒	Dealer's City	State / Zip Code		
	Emerson	N.J. 07630		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: S

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-JUN-2004			See the material sent!

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: DOTMALSABC038)	☐ 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	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).

WHILE SHIFTING GEARS THE VEHICLE JERKED AND VIBRATED UNCONTROLLABLY. THE DRIVER WAS able TO MAINTAIN CONTROL OF THE VEHICLE AND PULLED OVER. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION. HOWEVER, MECHANIC COULD NOT DUPLICATE THE PROBLEM AT THIS TIME. *AK

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

1. Engine would not start
2. Engine stalls
3. Engine hesitates/surges when accelerating
4. Engine hesitates/surges at steady speed
5. Transmission shifts rough/jerky from Park
6. Transmission shifts rough/jerky while driving
7. Gear changes take too long to complete
8. Shifts occur too early, too late, too often
9. Engine idles too fast when stopped.

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).