

 <b>AUTO SAFETY HOTLINE</b> <b>VEHICLE OWNER'S QUESTIONNAIRE</b> <small>NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123</small>		FOR AGENCY USE ONLY	
<b>OWNER INFORMATION (TYPE OR PRINT)</b> NAME and ADDRESS [REDACTED] ROSWELL, NM [REDACTED]		DATE RECEIVED 10/09/06 -5 11:48	od. or _____ rt. dt. _____ od. rt. _____ up. lr. _____ REFERENCE NO. _____
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.		DAY TIME TELEPHONE NO. (AREA CODE) [REDACTED]	
SIGNATURE OF OWNER [REDACTED]		DATE Dec 29, 2004	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.* 1LNLM83W0R [REDACTED]		VEHICLE MAKE Lincoln	VEHICLE MODEL Town Car
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE		MODEL YEAR 1994	
CURRENT ODOMETER READING 1 1 7 8 0 7	DATE PURCHASED 1997 <input type="checkbox"/> NEW <input type="checkbox"/> USED	DEALER'S NAME, CITY & STATE Holt Motor, Inc. Cokato, MN	
ENGINE SIZE (CID/CC/L) 7		NO. CYLINDERS 8	
<input type="checkbox"/> TURBO <input checked="" type="checkbox"/> DIESEL <input type="checkbox"/> GAS <input type="checkbox"/> FUEL INJECTN			
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input checked="" type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input checked="" type="checkbox"/> PASSENGERSIDE AIRBAG <input checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVETRAIN <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL		BODY STYLE STAWAG 4 DR <input checked="" type="checkbox"/> 2 DR _____ HATCH BK _____ VAN _____ PK UP TRK _____ OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT Headlights	PART NAME(S)	LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	FAILED PART(S) <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES Many	DATE(S) OF FAILURE(S) Numerous	MANUFACTURER CONTACTED (Dealer) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MILEAGE AT FAILURE(S) 97,000 to current		VEHICLE SPEED AT FAILURE(S) 55; 60	
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED _____	NUMBER OF FATALITIES _____
PROPERTY DAMAGE EST. _____		POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
While driving at night at highway speeds, or at night in cities, headlights suddenly turn off, leaving no lights for driving. Lights will come back on by use of manual on-switch. Defect and failure is in the AUTO-ON mode. Dealer says never heard of such incident and "Have no idea what to look for". Light failure present accident hazard.			
			CONTINUE ON BACK IF NEEDED
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.	