



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

Repository

31 JAN 2005

Reference No.
10109284

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: TUCSON State: AZ Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

NR

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, NHTSA will attempt to contact you by name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 2/16/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1LNFM92V [REDACTED]
Make: LINCOLN Model: MARK VIII Model Year: 1998

Date Purchased: 6-2-98 Dealer's Name and Telephone Number: SHEN LINCOLN MERCURY 650-392-9600
Original Owner: Dealer's City: SAN MATEO State: CA Zip Code: 94401
Engine: No. Cylinders: 8 Fuel Type: Gas

Transmission Type: AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 021000 SUSPENSION: FRONT
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-JAN-2005 Failure Mileage: 30,000 Failure Speed: ALL
AIR SUSPENSION ORIGINAL

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOT1ALBABC036): [REDACTED] Original Equipment: Prior Repair: Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 0 Number of Deaths: 0 Reported to Police: 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).

THE FRONT SUSPENSION SINKS DOWN ON THE VEHICLE, CAUSING THE FRONT TO SCRAPE ON THE GROUND. THIS IS MAKING THE ABILITY TO DRIVE DIFFICULT. MANUFACTURER WAS CONTACTED BY OWNER. *AK
THE CENTRAL COMPUTER IS ALSO FAILING + NEEDS REPLACEMENT. WILL NOTIFY DEALER WHEN RETURNED FOR SUSPENSION PROBLEM.
DEALERSHIP JIM CLICK TUCSON AZ REPLACED RELAY SWITCH THIS DID NOT CORRECT PROBLEM WILL RETURN TO DEALER

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

The Privacy Act of 1974-Public Law 93-572 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.