Form Approved: O.M.B. No. 2127-0008

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 100148

Date Received	Repository ☐
2005-MAY-2005 7 AM	Reference No. 10119823

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City HAMPTON	State NH	Zip Code	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 auth[illegible] address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5LMFU28R64L	LINCOLN	NAVIGATOR	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
25-NOV-03	Tasca (401) 681-1300			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City Cranston	State RI	Zip Code 02920		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	105000 POWER TRAIN:DRIVELINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-MAR-2005		60	

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: DOTMAL9ABC036)	☐ 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			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).

CONTACT STATES: NOTICED A WHINING NOISE COMING FROM THE DRIVELINE OF THE VEHICLE, PROGRESSIVELY WORSE. IT SEEMED TO BE MOST PRONOUNCED AT 60 MPH. CONTACT THOUGHT IT MAY BE UNIVERSAL JOINT, TOOK IT TO THE TASCA LINCOLN DEALERSHIP, THE DEALERSHIP KEPT THE VEHICLE FOR ABOUT A WEEK, BUT THEY DID NOT REPAIR THE VEHICLE. THE PART WAS DEFECTIVE AND HAD TO BE REPLACED. WHEN THE REPLACEMENT PART CAME IN WAS ALSO DEFECTIVE.*AK

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