 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100146</p>	
		<p>Date Received 16-MAY-2005</p>	<p>Repository <input type="checkbox"/></p> <p>Reference No. 10121086</p>	<p>Daytime Telephone Number [REDACTED]</p>	<p>E-mail Address</p>
OWNER INFORMATION (Type or Print)					
Name		Address		City	
[REDACTED]		[REDACTED]		WASHINGTON	
State		Zip Code		[REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
Signature of Owner		Date		/ /	
VEHICLE INFORMATION					
17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1LNHMB1W4X [REDACTED]		Make LINCOLN	Model TOWN CAR	Model Year 1999	
Date Purchased 26-JUL-99	Dealer's Name and Telephone Number		Engine: No: Cylinders 6	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 162900 STRUCTURE:BODY:ROOF AND PILLARS		
Multiple Failure: 1					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 14-MAY-2005	Failure Mileage	Failure Speed 55			
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: DOTM19ABC035)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	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).					
<p>DT: THE VINYL TOP ON THE CONSUMER'S CAR GOT AIR UNDERNEATH AND FLEW OFF WHILE DRIVING DOWN THE ROAD. THERE WERENT ANY AIR BUBBLES OR ANY PROBLEMS BEFORE THIS BLEW OFF. WENT TO FORD DEALERSHIP AND THEY COULDN'T DO ANYTHING BECAUSE THE VINYL TOP ADDED TO THE CAR. THE CAR WAS BOUGHT FROM THE DEALERSHIP BRAND NEW AND THE VINYL WAS ALREADY ON THE CAR. HAVE NOT TALKED TO FORD MANUFACTURER YET. *TT</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.</p>					
<p>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.</p>					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The Vehicle Top flew off, if there was somebody behind me it would of cause an accident.

ATTACH ADDITIONAL SHEETS IF NECESSARY

SAINT LOUIS MO

14 JUN 05 PM 09

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

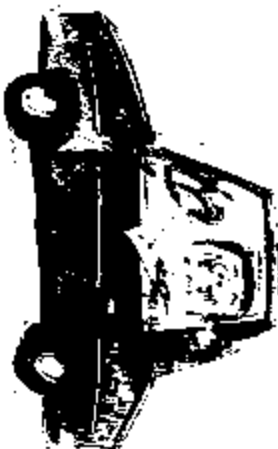
DASH2DOT

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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