

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

Date Received 09-JUN-2005 JUN 29 AM 3:40	Repository <input type="checkbox"/>
Daytime Telephone Number	E-mail Address
Evening Telephone Number	Reference No. 10124892

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City **WASILLA** State **AK** Zip Code _____

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 **6/29/05**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side F(0Y82G F	Make LINCOLN	Model (LIMO) TOWN CAR Executive	Model Year 1980
Date Purchased 2003UR	Dealer's Name and Telephone Number		Engine: No. Cylinders 8
Original Owner <input type="checkbox"/>	Dealer's City Wasilla.	State AK	Zip Code 99687
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain RFAR WHEEL DRIVE	Vehicle Component Code 110000 ELECTRICAL SYSTEM
Multiple Failure: Yes 4 Times			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-JUN-2005	Failure Mileage 68000	Failure Speed 45mph.	Ignition System Shut-down — NO SPARK —
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/85R15)
DOT No. (Example: DOTM18ABC036)	<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

(Please describe in detail the incident(s), injury(ies), crash(es), and fatality(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured N/A	Number of Deaths N/A	Reported to Police N
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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).

DT: THE VEHICLE WAS BEING DRIVEN WHEN IT STALLED, THEN EVENTUALLY STOPPED, LOST STEERING AND THE BRAKES. SPEED WAS ABOUT 35 MPH. HAS HAPPENED 4 TIMES. USUALLY STALLS AT LOWER SPEEDS ABOUT 35 MPH. NO WARNING LIGHTS BEFORE FAILURE. ONLY AFTER THE INCIDENT OCCURRED. VEHICLE IS REGULARLY SERVICED. NO OTHER PROBLEMS WITH VEHICLE. DUE TO THIS PROBLEM VEHICLE IS NO DRIVEN. PROBLEM BEGAN ABOUT A YEAR AGO. *AK

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

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

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

particular times I parked the car when to Restart car to wait 30-60 minutes for engine to start. My drive from Wasilla AK to Anchorage AK 45 mile trip City lot off Gas pedal engine lights came on with engine shut off, I lost brake power and steering coasted to a store off main St. got people in store to push me into store parking lot.

I to call wrecker for tow to Wasilla 45 miles, next after work.

MY FAX# =

ASAP PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 79173 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-218
400 7th Street, SW
Washington, DC 20590



1-888-DASH
DOT Auto Safety (DASH) 2 DC
1-888-327-4
and dial toll free
DASH2D
TO REPORT VEHICLE SAFETY COMPLETE THIS OR
DOT AUTO SAFETY
QUESTION
VE
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