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 DEC -7 PM 6:05 26-SEP-2005	Reference No. 10137578

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address [redacted]	[redacted]	
City FREDERICKSBURG / State VA / Zip Code [redacted]	Evening Telephone Number [redacted]	

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 provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/28/05

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1LNLM91V [redacted]	LINCOLN	TOWN CAR	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-SEP-2005	63000		

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: DOTMAL9A8C036)	☐ 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	0	0	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).

DT: THE DRIVER'S SIDE LOWER BALL JOINT FELL OFF ON SEPTEMBER 24, 2005. THE VEHICLE JUST HAD AN OIL CHANGE THE DAY BEFORE, AND THEY DID NOT SEE ANYTHING AT THAT TIME. THERE WAS NO ACCIDENT. THE CONSUMER HAD THE VEHICLE TOWED TO THE MECHANICS. THE CONSUMER FOUND THAT THERE WAS A RECALL FOR THIS PROBLEM BUT THIS VEHICLE WAS NOT INVOLVED DUE TO VIN.
*AK

This incident occured without warning, and could have been recalled in serious accident and/or injury if traveling at a higher rate of speed. The owner experienced the same incident in MARCH, 2005, with his 1995 Lincoln Town car. Mechanical Repair $712.51. Body Repairs resulting from this condition - $1090.92.

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

Dealer refused to assist because vehicle is not in the recall group. Photos and invoices are available upon request - if needed.