



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

2005 NOV 29 11:08
07-NOV-2005

Repository ☐

Reference No.
10141995

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BOCA RATON State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of [REDACTED] or address to the vehicle manufacturer. ☒ YES ☒ NO
Signature of Owner [REDACTED] Date [REDACTED]

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of instrument panel on driver's side: **1LNHM82W** [REDACTED]
Make LINCOLN Model TOWN CAR Model Year 2003
Date Purchased 31-DEC-02 Dealer's Name and Telephone Number DEL RAY LINCOLN MERCURY 561-276-2411
Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner ☒ Dealer's City DEL RAY BEACH State FL Zip Code [REDACTED]
Transmission Type ☒ AUTOMATIC ☒ Antilock Brakes Powertrain FRONT WHEEL DRIVE
☒ Cruise Control Vehicle Component Code 342000 COMMUNICATIONS: BACK UP ALARM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-OCT-2005 Failure Mileage 29400 Failure Speed *Very slow*

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/B5R15) [REDACTED]
DOT No. (Example: DOTMABABC038) ☐ 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).

DT: THE CONTACT STATED WHILE IN REVERSE THE BACK UP ALARM SENSOR WAS NOT WORKING WHICH RESULTED IN THE VEHICLE STRIKING A MAILBOX. THERE WAS NOT A CRASH, BUT SOME PROPERTY DAMAGE. THE DEALER REPAIRED THE ALARM SENSOR UNDER WARRANTY AND DETERMINED IT HAD MALFUNCTIONED. SINCE THE REPAIR THERE HAVE BEEN NO FURTHER PROBLEMS. *AK

as a result of the back up alarm sensor failure I hit a neighbor's mail box & as a result my red glass on the tail light (passenger side) is cracked. The manufacture will not take responsibility for the broken glass. The manufacture will not fix (over)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974, Public Law 93-578 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.

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

the broken lamp cover, also the same day (not realizing the alarm failure) I backed into the garage & nicked the ~~front~~ needed the alarm as the items were in a blind spot. I did damage due to the manufacturer's malfunctioned sensor. Why put in a sensor if it isn't a safety factor?

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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-218
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

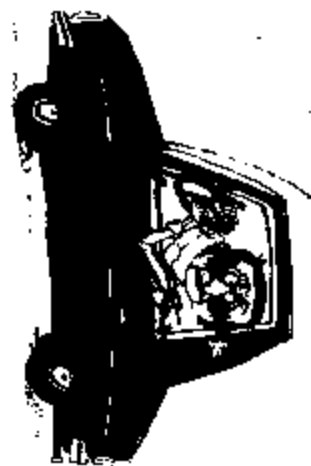
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and dial toll free at

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