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

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FOR AGENCY USE ONLY 100148

Date Received	Repository
17-NOV-2005	
	Reference No. 10143015

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City SEASIDE PARK	State NJ	Zip Code	Evening Telephone Number SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of an auth[redacted]r name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/25/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1LNFM82W9WY[redacted]	LINCOLN	TOWN CAR	1998

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
27-MAY-98	TOMS RIVER LINCOLN 732-341-2900		No: Cylinders 8	Gas
Original Owner [X]	Dealer's City TOMS RIVER	State NJ / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	REAR WHEEL DRIVE	185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
18-SEP-2005	70000	65

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 [X] No	[ ] Yes [X] 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).

DT: THE CONTACT STATED THE CRUISE CONTROL CAUSED VEHICLE TO ACCELERATE WHILE HE WAS DEPRESSING THE BRAKE PEDAL. THE BRAKE WAS DEPRESSED TO DISENGAGE THE CRUISE. HOWEVER, THE VEHICLE SPED UP. HE HAD TO DEPRESS THE BRAKE PEDAL SEVERAL TIMES TO GET THE CRUISE CONTROL TO SHUT OFF. HE TOOK THE VEHICLE TO DEALER ,THEY OFFERED TO FIX THE PROBLEM AT CONTACT'S EXPENSE. THEREFORE, REPAIRS WERE NOT DONE.*AK TOLD DEALER TO DISENGAGE CRUISE CONTROL. WHEN ENGINE STOPPED REVING, I IMMEDIATELY SHUT OFF THE CRUISE CONTROL AND CONTINUED THE NEXT 50 MILES WITHOUT IT BEING USED.

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