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
2006 FEB -7 AM 11:12 29-DEC-2005	Reference No. 10146375

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City SAN MARCOS / State TX / Zip Cod		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of e address to the vehicle manufacturer.
Signature of Owner Date 1/24/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5LMEU27R	LINCOLN	NAVIGATOR	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2002	INDIVIDUAL - RAUH-WELSON -			No. Cylinders 8cyl	Gas
Original Owner ☐	Dealer's City ROUND ROCK	State TX	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	162810 STRUCTURE:BODY:HOOD:HINGE AND ATTACHMENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
11-DEC-2005	27,000	65

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: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair N/A	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: N/A	
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 CONTACT STATED WHILE TRAVELING 65 MPH THE HOOD LATCH BROKE CAUSING THE HOOD TO FLY OPEN. THEY MANAGED TO PULL OFF TO THE SIDE OF THE ROAD. THEY WIRED THE HOOD LATCH TOGETHER WITH WIRE COAT HANGERS AND THEN DROVE THE VEHICLE HOME. THEY TOOK THE VEHICLE TO THE DEALERSHIP TO HAVE THE REPAIRS MADE.*AK —

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

P/U

CLMT CLAIM - LARGE CLOSED CLAIM

CLM# WL53953718 LINE 1A POL# 21423071 ST/CO TX SUPV 18 ADJ 025

PREV OFF E/A MBR# LPCD CTY 105 REG 1 CAUSE 990 CA

OP DATE 121205

CL DATE 122605

D/A 121105 R/D 121205 EFF 082705 DIARY D/D 122608 1ST INSURED 082704

INS-NAME [redacted] STREET [redacted]

CITY SAN MARCOS STATE TX ZIP [redacted] GAR CTY 028

DRIVER [redacted] SALV IND 00 SUBR IND 00 SUIT IND 00

SPEND LOSS-ID 2460 TERR 064 YEAR 01 MAKE LINC MOD UTL4X2 AGE 4

CLASS 6AP1 ZONE LPN 0000000 DIR 1 VEH-ID 5LMEU27R[redacted]

COMP SYM 15 COLL SYM 15 REIN. RECOV. OFF USER KLF AND CTY T05

POL ENDS PTS 00 2ND-CAR 3 USE 4 CB FORCE _

TOW 040 PAID RENT __/____ PAID LYNX _

COVERAGES	LIMITS	CLMTS	AMOUNT PAID	EXPENSES PAID
BI	100 300			
PD	100			
MED/PIP	2500			
DI	5000			
UM/BI	100 300			
UM/PD	100			
COMP	C50	1	2,559.72	
COLL	250			
REIN		RECOV	ADV EXP	

* REPAIRS WERE MADE AND PAID FOR BY INSURANCE COMPANY.

TOTAL REPAIRS = [redacted]

PAID BY INS. CO. —

PAID BY [redacted] (DEDUCTIBLE) —

P/N

CLAIMANT COVERAGE/RESERVE INFORMATION

CLMT NO	TYPE COV	LMT/ DED	PAYMENTS	ADJ	STAT	CLAIMANT NAME
01	COMP	C50	[redacted]	8268		[redacted]

END OF CLAIMANT RESERVE INFO-PRESS ENTER TO CONTINUE CL32SO

P/M

CLM# 539537 ADJ# 25A CK-DFT# 349526 VOID CASH MEMO _ 1099 # N

ISSUE DATE 121505 CK-DFT-IND C STOP REIM _

ACCT# 21064 AMT 2,559.72 K/L C50 CLM/CNT 01 BUDGET CODE

ACCT# AMT K/L CLM/CNT 00 BUDGET CODE

ACCT# AMT K/L CLM/CNT 00 BUDGET CODE

ACCT# AMT K/L CLM/CNT 00 BUDGET CODE

ACCT# AMT K/L CLM/CNT 00 BUDGET CODE

PAYEE-1 NAME [redacted]

PAYEE-2 NAME

STREET PO BOX 553 CITY SAN MARCOS

ST TX ZIP 78667 PAYMENT FOR ACV DAMAGES