



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

09-JAN-2007

Repository

Reference No.  
10178177

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 Address [REDACTED]  
 City BELVIDERE State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
 In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.  YES  NO  
 Signature of Owner [REDACTED] Date 2/15/2017

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1LNHM81W81Y [REDACTED]  
 Make LINCOLN Model TOWN CAR Model Year 2006  
 Date Purchased 19-APR-02 Dealer's Name and Telephone Number SCHAUMBURG LINCOLN MERCURY 847-882-4100 Engine: No: Cylinders 8 Fuel Type: Gas  
 Original Owner  Dealer's City SCHAUMBURG State IL Zip Code 60173  
 Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain REAR WHEEL DRIVE  
 Vehicle Component Code 110000 ELECTRICAL SYSTEM  
 Multiple Failure:

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 06-JAN-2006 Failure Mileage 56000 Failure Speed 0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
 DOT No. (Example: DOTM19ABC036)  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).

TL\* - THE CONTACT OWNS A 2006 LINCOLN TOWN CAR. THE CONTACT'S VEHICLE WAS SITTING IN THE DRIVEWAY WHEN IT CAUGHT ON FIRE. THE VEHICLE HAD BEEN DRIVEN EARLIER IN THAT DAY, BUT HAD BEEN TURNED OFF PRIOR TO THE FIRE. THE FIRE DEPARTMENT WAS CALLED AND THEY WERE ABLE TO EXTINGUISH THE FIRE. THE COMPUTER WAS DESCRIBED AS THE ORIGIN OF THE FIRE. THE CONTACT WILL RECEIVE A REPORT. \*AK

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

The Privacy Act of 1974-Public Law 93-579 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)**

CAR WAS PARKED AND TURNED OFF APPROXIMATELY 3 HOURS BEFORE FIRE STARTED. FIRE APPEARED TO HAVE STARTED ON DRIVERS SIDE OF ENGINE COMPARTMENT. CAR WAS A TOTAL LOSS. THE ONLY ELECTRICAL COMPONENT THAT WOULD HAVE DRAWN ANY SUBSTANTIAL AMPERAGE WHEN CAR WAS NOT RUNNING WOULD BE LOAD LEVELERS. I HAVE NO PROBLEM WITH THIS REPORT BEING SHARED. I REALLY FEEL THE CAR WAS FAULTY AND THIS OCCURRED THROUGH NO FAULT OF MINE. I FEEL I AM DUE SOME RESTORATION FROM FORD MOTOR

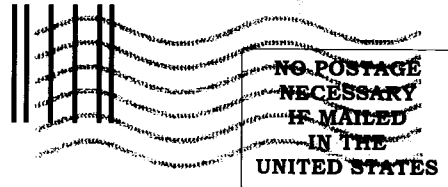
ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT  
NATIONAL HIGHWAY  
TRAFFIC SAFETY ADM  
400 7TH ST SW  
WASHINGTON DC 20590

OFFICIAL BUSINESS

ROCKFORD IL 611

21 FEB 2007 PM 1 T



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
OFFICE OF DEFECTS INVESTIGATION, NVS-210  
400 7TH ST SW  
WASHINGTON DC 20077-8214



**Think your vehicle  
has a safety defect?**



**If so:**

**Use the enclosed  
form to file a report.**

**or visit:**

**www.safercar.gov**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**

www.nhtsa.gov  
**NHTSA**

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