



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

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17-SEP-2007

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name
Address
City ORANGE CITY State FL Zip Code

Daytime Telephone Number
Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized representative, please provide your name or address to the vehicle manufacturer.
Signature of Owner Date 09/28/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1LNLM81W2S Make LINCOLN Model TOWN CAR Model Year 1995

Date Purchased 01-NOV-03 Dealer's Name and Telephone Number Engine: No: Cylinders 8 Fuel Type: Gas

Original Owner Dealer's City State Zip Code

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1000

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-AUG-2007 Failure Mileage 101000 Failure Speed 5

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: DOTM19ABC036) 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 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 1995 LINCOLN TOWN CAR. WHILE DRIVING 5 MPH OR GREATER, THE VEHICLE WOULD NOT STOP IMMEDIATELY WHEN THE BRAKE PEDAL WAS DEPRESSED. THE CONTACT STATED THAT THE FAILURE INCREASED THE STOPPING DISTANCE BY TWENTY FEET. THE ROAD CONDITIONS WERE CLEAR. THE DEALER STATED THAT THE ABS TERMINAL CAUSED THE FAILURE. AS OF SEPTEMBER 17, 2007, THE DEALER HAD NOT REPAIRED THE VEHICLE. THE FAILURE MILEAGE WAS 101,000 AND CURRENT MILEAGE WAS 103,000.

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 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.