

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: 20-DEC-2007 Repository: ☐ Reference No.: 10212442	
OWNER INFORMATION (Type or Print)					
Name: [REDACTED]		Daytime Telephone Number: [REDACTED]		E-mail Address:	
Address: [REDACTED]		Evening Telephone Number:			
City: BLOOMINGTON	State: IL	Zip Code: [REDACTED]			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner: [REDACTED] Date: 1/2/08					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1LNHM82W4 [REDACTED]		Make: LINCOLN	Model: TOWN CAR	Model Year: 2003	
Date Purchased: 21-DEC-03	Dealer's Name and Telephone Number: Jim Xamis Ford Lincoln Mercury		Engine: No: Cylinders 8	Fuel Type: Gas	
Original Owner: ☒	Dealer's City: Lincoln, Illinois	State:	Zip Code:		
Transmission Type: AUTOMATIC	☒ Antilock Brakes	Powertrain: REAR WHEEL DRIVE	Vehicle Component Code: 022000 SUSPENSION: REAR		
	☒ Cruise Control		Multiple Failure: 63		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s): 23-AUG-2007	Failure Mileage: 47000	Failure Speed:			
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	Failure Location:			
	☐ Prior Repair				
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 2003 LINCOLN TOWN CAR. WHILE DRIVING AT AN UNKNOWN SPEED, THE CONTACT HEARD A LOUD NOISE COMING FROM THE REAR AXLE. HE TOOK THE VEHICLE TO THE DEALER AND THEY STATED THAT THE VIN WAS EXCLUDED FROM NHTSA CAMPAIGN ID NUMBER 04V328000 (SUSPENSION: REAR) AND WOULD NOT REPAIR THE VEHICLE FOR FREE. THE VEHICLE HAS NOT BEEN REPAIRED. THE CONTACT FILED A FORMAL COMPLAINT WITH THE MANUFACTURER. THE FAILURE MILEAGE WAS 47,000 AND CURRENT MILEAGE WAS 47,500.					
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.					

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).