U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-[illegible]

(1-[illegible])

INTERNET:www.[illegible]/hotline

AGENCY USE ONLY 100148

[illegible]ved | Repository ☐

09-[illegible]08 | Reference No. 10214286

2008 MAR -5 AM 7:32

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number [redacted]	
City MOHAWK **State** MI **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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Num[illegible] located at bottom of windshield on driver's side	Make	Model	Model Year
1LNLM81W1VY[redacted]	LINCOLN	TOWN CAR	1997

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
15-AUG-99	Corpus Christi Ford 361-882-2094	No. Cylinders 8	Gas
Original Owner ☐	Dealer's City	State / Zip Code	

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Anti-lock Brakes ☒ Cruise Control	Powertrain: REAR WHEEL DRIVE	185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
20-AUG-2007		0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Size (Ex. 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 ☒ 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).

TL*THE CONTACT OWNS A 1997 LINCOLN TOWN CAR. THE CONTACT RECEIVED A RECALL NOT[illegible] THE VEHICLE SPEED CONTROL: CRUISE CONTROL SWITCH IN AUGUST OF 2007 AND HE IMMEDIATELY SCHEDULED AN A[illegible] [illegible]HAVE[illegible] VEHICLE REPAIRED. THE DEALER DISCONNECTED THE SWITCH AND INFORMED HIM THAT THE PARTS WOULD BE UNAVAILABLE UNTIL SEPTEMBER OF 2007. HE CALLED BACK AND THE DEALER STATED THAT THEY DID NOT KNOW WHEN THE PARTS WOULD BE AVAILABLE. THE CONTACT FILED A COMPLAINT WITH THE MANUFACTURER. THERE HAD BEEN NO FAILURE TO DATE. THE RECALL NUMBER WAS UNKNOWN. THE CURRENT MILEAGE WAS 169,000.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

THE CRUISE CONTROL IS DISCONNECTED. I WAS PULLED OVER FOR DRIVING 55 MPH AS SAFE, BUT ALMOST IMPOSSIBLE TO HOLD ASCOUNDER SPEED WITHOUT CRUISE CONTROL. I THINK THE REPEATED THE TIME IT TAKES TO GET PARTS

ATTACH ADDITIONAL SHEETS IF NECESSARY

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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590