



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

2008 APR -7 AM 7:36
 28 FEB 2008

FOR AGENCY USE ONLY 100148

Date Received

Repository

Reference No.
10219385

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City GODDARD State KS 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? 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 Number Located at bottom of windshield on driver's side
 1LNHM81W71 [REDACTED]

Make LINCOLN Model TOWN CAR Model Year 2001

Date Purchased _____ 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 140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-FEB-2008 Failure Mileage 102068 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: 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 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 2001 LINCOLN TOWN CAR. WHILE DRIVING 5 MPH, THE SIDE AIR BAGS ON THE PASSENGER SIDE SEAT DEPLOYED. THERE WAS NO IMPACT OR CRASH. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY STATED THAT THE AIR BAG SENSOR DEACTIVATED AND CAUSED THE AIR BAG TO DEPLOY. THE MANUFACTURER STATED THAT THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 00V412000 (AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE). THE PURCHASE DATE WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 102,068.

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.



**CASUALTY REPORT
(Short Form)**

GAB-Robins Wichita
453 Webb Rd Suite 150
Wichita, Ks 67207
316-681-3434 office
316-681-3487 fax

EMC
PO Box 8550
Kansas City
Missouri
64114-0550
USA
Attention: Curtis Wilhelmson

Report #: First and Final Date 03/05/20

Insured **Action Car Care**
Policy No. [REDACTED]
Policy Period 11/01/2007 to 11/01/2008
Claim No. [REDACTED]
GAB Robins File No. 36147-70074A
Claimant [REDACTED]
Agency Twin Lakes Insurance Agency
Agency Location N/A
Type of Claim Garage Liability
Date of Claim 02/12/2008

RES.	
BODILY INJ. \$ _____	PROP. DAMAGE \$ _____ PIP \$ _____ PHY. \$ _____
INDEMNITY \$ _____	MEDICAL \$ _____ EXPENSES \$ 500 OTHER \$ _____
DOCUMENTS	
<input type="checkbox"/> STATEMENT(S)	<input type="checkbox"/> DIAGRAMS
<input checked="" type="checkbox"/> PHOTOGRAPH(S)	<input type="checkbox"/> REPAIR ESTIMATE(S)
<input type="checkbox"/> POLICE REPORT	<input type="checkbox"/> MEDICAL BILLS/REPORTS
<input type="checkbox"/> RELEASE / PROOF OF LOSS	
<input type="checkbox"/> INDEX BUREAU INFORMATION	
<input checked="" type="checkbox"/> OTHER <u>appraisal of damage</u>	
COVERAGE	
SOURCE OF COVERAGE INFORMATION	<input checked="" type="checkbox"/> CUSTOMER ADVISE <input type="checkbox"/> AGENTS ADVICES <input type="checkbox"/> INSURED'S POLICY
TYPE OF POLICY <u>Garage Liability</u> OTHER (SPECIFY) _____	BI PD MED.
ENDORSEMENT _____ AMOUNT \$ _____	U.M. NO FALLT AUTO COMP. DEP. \$ COLL. DEP. \$
RISK	
PREMISES INSURED <u>Auto care shop in Goddard, Ks</u>	
AUTO INSURED (DESCRIPTION) _____	
ACCIDENT	
DESCRIPTION OF ACCIDENT: Airbag located in the headrest of the front passenger seat deployed while the technician was backing the claimants vehicle out of work bay to move to another work bay.	
SETTLEMENT CLAIMANT / EMPLOYEE	
NAME [REDACTED] SS# _____ AGE _____ SEX m	
ADDRESS [REDACTED] Goddard, Ks OCCUPATION Insurance	SPECIALS PROJECTED \$ 850
DETAILS OF INJURY / DAMAGES: <u>damage to passenger seat and loss of airbag</u>	SPECIALS ACTUALS \$ 793.42
NAME _____ SS# _____ AGE _____ SEX _____	
ADDRESS _____ OCCUPATION _____	SPECIALS PROJECTED \$ _____
DETAILS OF INJURY / DAMAGES: _____	SPECIALS ACTUALS \$ _____
NAME _____ SS# _____ AGE _____ SEX _____	
ADDRESS _____ OCCUPATION _____	SPECIALS PROJECTED \$ _____
DETAILS OF INJURY / DAMAGES: _____	SPECIALS ACTUALS \$ _____
COMMENTS - TO BE DONE / SUBROGATION / SALVAGE	
This claim was thoroughly investigated and in this adjusters opinion there was nothing done by the insured that would have made them liable for the damages or caused the deployment of the airbag. See details on next page of investigation.	

DATE OF CONTACT _____ SIGNATURE _____

ADDITIONAL COMMENTS

I made contact with and interviewed the claimant [REDACTED]. He is president of American Underwriters, a company that deals mostly in life and health insurance. The car in this claim was purchased used by him in 2003. He had put the car in the insured shop to have the fan for the heater checked as it was not operating properly. He states that the shop told him that during the process of backing the car out of a technicians work bay, an airbag located in the headrest area at the right shoulder part of the passenger seat, deployed. [REDACTED] stated that he was not even aware that there was an airbag located there.

I contacted Action Car Care and interviewed John Rhodes. He stated that the technician had pulled the CV into his work bay and ran some test on the fan and heater unit to determine why the fan was not working properly. Once he had determined the cause of the heater fan problem, he got into the car and backed it out of his work bay to move it to another work bay where the repairs would be completed. He had backed out of his bay and put it in drive to take it to the next work bay when suddenly the airbag in the passenger seat deployed. They sent the car next door to Norris Collision to determine what the cause might have been and to get an estimate for [REDACTED]. Norris checked to see if there were any tech bulletins concerning this particular airbag or if there were any recalls. They found no tech bulletins or recalls. Their computer check of the airbag system showed what appeared to be an erroneous signal sent by the computer to that airbag to deploy. They do not know why. I asked John if the technician had any reason to hook into the cars computer system or airbag system. He stated that none of the technicians got anywhere close to the computer or the airbag deployment system. I asked him if anyone had any reason to be in the front seat, working under the dash or sitting in the passenger seat. He stated that no technician or any other employee did anything inside the car, under the dash and at no time did anyone sit in the passenger seat. The only person who got into the CV was the technician who ran the test on the heater fan. He only entered the car to start it and move it into his bay and then to move it out of his bay into the other bay. While the repair shop did have care, custody and control of the vehicle, they did nothing to cause the airbag to deploy. It appears that the deployment of the airbag was due to a defect in the airbag deployment system. It just coincidentally decided to occur while the insured's tech was driving the CV.

The appraisal report is attached to this report. The appraisal is just under \$800. The insured has a \$1,000 liability deductible so there will be no payment made by EMC on this claim to the claimant.

Thank you for this claim. We will be closing and sending the final billing with this report.

Bill E. Barger, LUTC, ARM
Claims Supervisor
GAB-Robins Wichita

VIN# 1Y719740

INVOICE

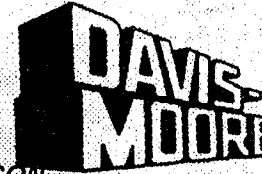
Invoice #:

Tag #:

Customer #:

Service

Advisor: 8165 JAMES JOHNSON



LINCOLN-MERCURY, INC.
5817 EAST KELLOGG, P.O. BOX 780047
WICHITA, KANSAS 67278-0047
(316) 618-2000

WICHTIA, KS
HOME:
EMAIL:

BUS:

CELL:

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN, MILEAGE OUT, DEL DATE, PROD. DATE, WARR. EXP., PROMISED, PO NO., RATE, PAYMENT, INV. DATE, R.O. OPENED, READY. Includes options: ENG:4.6 Liter EFI-SOHC (R)

OPEN FOR YOUR CONVENIENCE

6 DAYS A WEEK
MONDAY -FRIDAY
7:00 AM - 6:00 PM
SATURDAY
8:00 AM - 1:00 PM

APPOINTMENTS: 316-618-2003

Thank You!



Davis- Moore Lincoln Mercury

Lube, Oil & Filter
Rotate Tires

\$49.95*

*On your next visit, up to 5 quarts.
Synthetic oil extra.
Not valid with any other coupons.

Expires 20May2008

land1al.270_1

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
A PASSENGER SIDE SEAT AIR BAG DEPLOYED- NO CRASH-JUST UNEXPECTEDLY
HAPPENED
499 AIR BAG ISSUE/REPAIRS WERE DECLINED
7093 ALBERTO HERNANDEZ LIC#: 7093
I30
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: (N/C) 0.00
102068 00100 ECC TEST RCM FOUND A B2295 DTC PINPOINT JCO WAS SENT
FOR A CRASH SENSOR, A RCM AND FOR A SIDE PASSAGER AIR BAG UNIT AS PER
PINPOINT TEST REPAIRS WERE DECLINED

B** QC REPORT CARD
99P QC REPORT CARD
25 I30 (N/C)
GTIRE TIRES CHECKED AND OK
25 I30 (N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00
102068 NO WORK DONE

#####
THANK YOU FOR CHOOSING DAVIS-MOORE
LINCOLN/MERCURY TO HAVE YOUR VEHICLE
SERVICED. WE ARE NOW OPENED SATURDAYS 8-1.
WE OFFER LIFETIME WARRANTY ON CERTAIN PARTS
SEE ADVISOR FOR DETAILS
#####

WE SELL TIRES

GOODYEAR

BF Goodrich

MICHELIN

UNIROYAL

GENERAL TIRE

Continental

BRIDGESTONE

Firestone

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty or merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

Table with columns: LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, ADJUSTMENTS, SALES TAX, PLEASE PAY THIS AMOUNT. Total amount: 0.00

*This should
get us back
close.
Just Not For Sure
IF WILL NEED ANYTHING
ELSE. TO CLEAR
LIGHT ON
THE DASH*

NORRIS COLLISION CENTER, LLC
19918 W. KELLOGG DRIVE
GODDARD, KS 67052
OFFICE 316-794-1161 FAX 316-794-1162

CD LOG NO 3244-1 DATE 02/26/08

SHOP: NORRIS COLLISION CENTER, LLC INSP DATE: 02/12/08
ADDRESS: 19918 W. KELLOGG CONTACT: JEREMY EDWARDS
CITY STATE: GODDARD, KS PHONE 1: (316) 794-1161
ZIP: 67052- FAX: (316) 794-1162

OWNER: ACTION CAR CARE, JOHN

POINT OF IMPACT: 0

LIC#: STATE: VIN: 1LNHM81W71Y
BODY COLOR: MILEAGE:
CONDITION: ACCTNG CTL#:

- *=USER-ENTERED VALUE
- EC=REPLACE ECONOMY
- UM=REMAN/REBUILT PRT
- OE=REPLACE PXN OE SRPLS
- TE=PARTL REPL PRICE
- I=REPAIR
- TT=TWO-TONE
- N=ADDITIONAL LABOR
- AA=APPEAR ALLOWANCE
- E=REPLACE OEM
- UE=REPLACE OE SURPLUS
- EU=REPLACE SALVAGE
- PC=PXN RECONDITIONED
- ET=PARTL REPL LABOR
- L=REFINISH
- CG=CHIPGUARD
- RI=R&I ASSEMBLY
- RP=RELATED PRIOR
- NG=REPLACE NAGS
- UC=RECONDITIONED PRT
- EP=REPLACE PXN
- PM=PXN REMAN/REBUILT
- IT=PARTIAL REPAIR
- BR=BLEND REFINISH
- SB=SUBLET
- P=CHECK
- UP=UNRELATED PRIOR

2001 LINCOLN TOWN CAR EXECUTIVE 4DOOR SEDAN 8CYL GASOLINE 4.6
CODE: Q5193A/D OPTNS B/24MEI

OPTIONS:
TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES
ANTI-LOCK BRAKE SYSTEM TRACTION CONTROL SYSTEM
FRONT SIDE IMPACT AIRBAGS

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0081		AIRBAG SENSOR, FRONT	1W1Z14B006AA	130.98			0.3	2
E	0698	01	AIRBAG, FRONT SEAT	RT 1F2Z16611D10AA	216.90			INC	2
E	0699		AIRBAG SENSOR, FLOOR	LT R&I ASSEMBLY				0.9	2
E	0700		AIRBAG SENSOR, FLOOR	RT 1W1Z14B345AA	63.86			0.9	2
RI	0199		TRACK ASSEMBLY, POWE	LT R&I ASSEMBLY				0.8	1
E	0275		FRAME, FRONT SEAT	RT XW1Z5461018AA	72.20			INC	1
E	0267	01	COVER, SEAT CUSHION	RT XW1Z5464416DAB	382.38			INC*	1
SB			install seat cushion	SUBLET REPAIR	187.50*				1*

8 ITEMS

MC MESSAGE(S)
01 CALL DEALER FOR EXACT PART NUMBER / PRICE

2001 LINCOLN TOWN CAR EXECUTIVE 4DOOR SEDAN
 CD LOG NO 3244-1

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				866	32
PARTS & MATERIAL TOTAL				866	32
TAX ON PARTS & MATERIAL @			6.300%	54	58
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	40.00	0.8		32	00
2-MECH/ELEC	55.00	2.1		115	50
3-FRAME	50.00				
4-REFINISH	40.00				
5-PAINT MATERIAL	30.00				
LABOR TOTAL				147	50
TAX ON LABOR		@	6.300%	9	29
SUBLET REPAIRS				187	50
TAX ON SUBLET		@	6.300%	11	81
TOWING					
STORAGE					
GROSS TOTAL				1,277	00
NET TOTAL				1,277	00

SHOPLINK UH210 ES CD LOG 3244-1 DATE 02/26/08 11:12:34AM R6.37 CD 01/08
 PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 67052
 HOST LOG
 (C) 1998 - 2007 AUDATEX NORTH AMERICA, INC.