



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
2008 APR -2 AM 7:45
06-MAR-2008

Repository
Reference No.
10220276

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City RHINELANDER State WI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 Number Located at bottom of windshield on driver's side
1LNLM82WXT [REDACTED] Make LINCOLN Model TOWN CAR Model Year 1996
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 180000 VEHICLE SPEED CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-MAR-2008 Failure Mileage 107000 Failure Speed 55

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 1996 LINCOLN TOWN CAR. HE RECEIVED A RECALL NOTICE FOR HIS CRUISE CONTROL (RECALL 07V336000) IN SEPTEMBER AND HAD THE CRUISE CONTROL DEACTIVATED AT THAT TIME. HE WAS TOLD THAT THE PARTS FOR THE REPAIR WOULD BE DONE IN DECEMBER. THE FINAL REPAIR WAS PERFORMED IN MARCH 2008; HOWEVER, THE CRUISE CONTROL DID NOT FUNCTION. THE DEALER WANTED TO CHARGE HIM \$80 TO DIAGNOSE THE FAILURE. THE MANUFACTURER WAS NOT NOTIFIED. THE CURRENT AND FAILURE MILEAGES WERE 107,000.

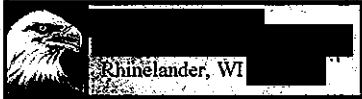
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

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

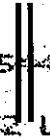
*As of now the Company has been told - No
reply.*

ATTACH ADDITIONAL SHEETS IF NECESSARY



1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



LET US DARE TO READ,
THINK, SPEAK, AND WRITE.
NECESSARY
John Adams, 1796
IN THE
POWER OF THE UNITED STATES

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
1200 New Jersey Ave SE
Washington, DC 20077-9382**



1201

**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**



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