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 1 PM 2:12

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
11-MAR-2008	Reference No. 10220778

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City HUNTINGTON	State WV	Zip Code [redacted]	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[redacted]vide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5LMFU28R34L[redacted]	LINCOLN	NAVIGATOR	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
27-DEC-04				No: Cylinders 8	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	121000 EXTERIOR LIGHTING:HEADLIGHTS Multiple Failure: 100

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-FEB-2005	500	0	

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	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 2004 LINCOLN NAVIGATOR. THE CONTACT STATED THAT THE DRIVER SIDE HIGH INTENSITY HEADLAMP DOES NOT ALWAYS ILLUMINATE WHEN THE VEHICLE IS STARTED. INITIALLY, THE FAILURE OCCURRED INTERMITTENTLY, BUT NOW OCCURS MORE REGULARLY. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY REPLACED THE HEADLIGHT, INSTALLED A NEW LIGHT SWITCH AND BATTERY, AND CHECKED THE WIRING; HOWEVER, THE FAILURE CONTINUED. LINCOLN SENT TECHNICAL SERVICE BULLETINS RELATED TO THE FAILURE. THE CURRENT MILEAGE WAS 20,600 AND FAILURE MILEAGE WAS 500.

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