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 JUL -3 AM 9:58

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
18-APR-2008	Reference No. 10224903

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City SCOTTSVILLE	State VA	Zip Cod	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an *de your name or address to the vehicle manufacturer.*
Signature of Owner _____ Date 6/23/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5LMFU28R01L	LINCOLN	NAVIGATOR	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-NOV-03	~~COLONIAL AUTO CENTER~~ Eddins Ford			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City ~~CHARLOTTSVILLE~~ Madison	State VA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
03-APR-2008	111000	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	Y

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 NAVIGATOR. THE CONTACT STARTED THE VEHICLE AND NOTICED SMOKE UNDER THE HOOD. SHE IMMEDIATELY TURNED OFF THE VEHICLE. BEFORE SHE COULD REMOVE THE KEY FROM THE IGNITION, SHE NOTICED FLAMES UNDER THE FRONT END OF THE VEHICLE. A FIRE REPORT WAS FILED. THE INSURANCE COMPANY STATED THAT THE VEHICLE WAS DESTROYED, BUT THEY DID NOT INVESTIGATE THE CAUSE OF THE FIRE. THE MANUFACTURER STATED THAT THEY WOULD NEED A COPY OF THE FIRE DEPARTMENT REPORT BEFORE THEY COULD SPEAK TO HER CONCERNING THE FAILURE. THE CONTACT STATED THAT SHE TOOK THE VEHICLE TO THE DEALER FOR NHTSA CAMPAIGN ID NUMBER 05V388000 (VEHICLE SPEED CONTROL) IN THE SUMMER OF 2005. THE VIN WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 111,000.

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