



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

15-SEP-2008

Repository ☐

Reference No.
10242276

OWNER INFORMATION (Type or Print)

Name

Address

City

LULA

State GA

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/26/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1NFM81W9W

Make

LINCOLN

Model

TOWN CAR

Model Year

1998

Date Purchased

Sept. 2000

Dealer's Name and Telephone Number

JACKY JONES LIN/MER.

Engine:

No: Cylinders

8

Fuel Type:

GAS

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

Auto

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Vehicle Component Code

021000 SUSPENSION:FRONT

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-SEP-2008

Failure Mileage
168000

Failure Speed

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 1998 LINCOLN TOWN CAR. WHILE DRIVING AT ANY SPEED, THE CONTACT HEARS A SQUEAKING SOUND COMING FROM THE FRONT END OF THE VEHICLE. THE DEALER STATED THAT THE DUST COVER ON THE LOWER BALL JOINT OF THE FRONT PASSENGER SIDE WAS WORN, AND THE BALL JOINT WAS CRACKED. THE CONTACT REFERENCED NHTSA CAMPAIGN ID NUMBER 98V322000 (SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT). THE FAILURE MILEAGE WAS 168,000.

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 to 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.