

 <p>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</p>				FOR AGENCY USE ONLY 100148			
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>				Date Received APR 26 2010 08-MAR-2010		Repository <input type="checkbox"/> Reference No. 10317736	
OWNER INFORMATION (Type or Print)							
Name			Daytime Telephone Number		E-mail Address		
Address			Evening Telephone Number				
City		State	TX	Zip Code			
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).							
VEHICLE INFORMATION							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year		
1LNHM81W96Y			LINCOLN	TOWN CAR	2006		
Date Purchased		Dealer's Name and Telephone Number		Engine:	Fuel Type:		
Sep - 09		CLASSIC LINCOLN		No: Cylinders 6	unleaded		
Original Owner	Dealer's City		State	Zip Code			
<input checked="" type="checkbox"/>	DENTON TEX		TEX	-			
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)		
Automatic	<input checked="" type="checkbox"/> Cruise Control				09-SEP-2009		
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL				Failure Mileage	Failure Speed		
				42000	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: DOTM9ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:				
		<input type="checkbox"/> Prior Repair					
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			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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 2006 LINCOLN TOWN CAR. WHILE THE CONTACT WAS ATTEMPTING TO COME TO A STOP THE VEHICLE SUDDENLY ACCELERATED WITHOUT WARNING, THE CONTACT WAS ABLE TO USE THE BRAKES IN ORDER TO STOP THE VEHICLE. THERE WERE NO PRIOR WARNINGS. THE VEHICLE HAD NOT BEEN DIAGNOSED BY THE DEALERSHIP AT THE TIME OF THE COMPLAINT. THE CURRENT AND FAILURE MILEAGES WERE 42000. <i>This law happened first time at least.</i>							
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.							