



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

Repository

22-NOV-2010

Reference No.

APR 1 1 2011

10367159

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]		
Address	[REDACTED]		
City	MILFORD	State	DE
Zip Code	[REDACTED]		

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1LNHM82W46Y [REDACTED]		Make LINCOLN	Model TOWN CAR	Model Year 2006
Date Purchased JULY-2010	Dealer's Name and Telephone Number CARROLL LINCOLN HERVEY		Engine: No: Cylinders 8	Fuel Type: Gasoline
Original Owner <input type="checkbox"/>	Dealer's City NEW CASTLE	State DE	Zip Code	
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s) 01-AUG-2010
	<input checked="" type="checkbox"/> Cruise Control			

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 170000 LATCHES/LOCKS/LINKAGES	Failure Mileage 41000	Failure Speed 0
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**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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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**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 VEHICLE WAS STOPPED, THE CONTACT NOTICED THAT THE REAR PASSENGERS COULD NOT GET OUT OF THE VEHICLE UNLESS A DRIVER OR FRONT SEAT PASSENGER UNLCKED THE DOOR. THE CHILD SAFETY LOCKS WERE NOT ENGAGED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER BUT THE FAILURE COULD NOT BE EXPLAINED. THE CONTACT CALLED THE MANUFACTURER WHO STATED THAT THEY WOULD LOOK INTO THE PROBLEM. THE FAILURE MILEAGE WAS 41,000 AND THE CURRENT MILEAGE WAS 43,000.

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.

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

With the Door Lock system being used on all full size vehicles including trucks with 4 doors. In an accident where front seat passengers are seriously injured or killed. In case of a fire, the rear seat passengers cannot exit the car thru the rear doors. They cannot be opened only by driver; front seat passenger manually unlocking the doors with the "open/lock" switch on the front seat arm rest - Please look into this problem!!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN 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 Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

