

 U.S. Department of Transportation National Highway Traffic Safety Administration		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	
OWNER INFORMATION (Type or Print)		Date Received OCT 18 2011 30-AUG-2011		Repository ☐ Reference No. 10422604	
Name [REDACTED]		Daytime Telephone Number [REDACTED]		E-mail Address	
Address [REDACTED]		Evening Telephone Number			
City PUNTAGORDA		State NY		Zip Code [REDACTED]	
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 1LNHM86S34Y [REDACTED]		Make LINCOLN		Model LS	
Model Year 2004		Date Purchased 2004		Dealer's Name and Telephone Number CHARLETT COUNTY	
Engine: No: Cylinders		Fuel Type: GAS			
Original Owner ☒		Dealer's City PUNTAGORDA		State FL	
Zip Code 33150		Transmission Type 6 SPEED		Antilock Brakes ☒	
Powertrain AUTO		Cruise Control ☒		Multiple Failure: YES	
Incident Date(s) 21-AUG-2011					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 220000 SEATS REAR SEATS BREAK				Failure Mileage 32000	
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: DOTM9ABC036)		☐ 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	
Number of Deaths		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 A 2004 LINCOLN LS. THE CONTACT STATED THAT THE PLASTIC PANEL ON THE REAR OF THE FRONT DRIVER AND PASSENGER SIDE SEATS DETACHED THREE TIMES. THE FAILURE WOULD CAUSE THE SEAT TO LEAN BACK AND EXPOSE THE ELECTRONIC WIRING IN THE SEAT. THE MANUFACTURER ADVISED THAT THE PART WAS NOT COVERED. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS UNKNOWN AND THE CURRENT MILEAGE WAS 43,000.					
IF NOT FIXED PASSENGER REAR CAN GET HURT.					
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.					