

 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 NOV - 9 2011 14-OCT-2011	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
LANSDALE		PA		SAME	N/A
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 1LNHM97V7YY			Make LINCOLN	Model CONTINENTAL	Model Year 2000
Date Purchased 10/8/11	Dealer's Name and Telephone Number 267-733-9876 FAULKNER - CIOCCA FORD SALES			Engine: 4.6 No: Cylinders 8	Fuel Type: GAS
Original Owner ☐	Dealer's City QUAKERTOWN		State PA	Zip Code 18951	
Transmission Type Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain Auto	Multiple Failure: REAR SEAT BELT IS IN "LOCKED" POSITION		Incident Date(s) 08-OCT-2011
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 150000 SEAT BELTS				Failure Mileage 137100	Failure Speed N/A
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 N/A	Number of Deaths N/A	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 2000 LINCOLN CONTINENTAL. THE CONTACT STATED THAT THE MIDDLE REAR SEAT BELT FAILED TO UNLOCK. THE VEHICLE WAS TAKEN TO THE DEALER AND THE MANUFACTURER WAS CONTACTED. THE MANUFACTURER CONFIRMED THAT THE VIN DID NOT QUALIFY FOR REPAIRS UNDER NHTSA CAMPAIGN ID NUMBER:99V250000 (SEAT BELTS:FRONT:ANCHORAGE). THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE 137,100.					
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.					