 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p>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>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>05-NOV-2012</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No. 10483378</p>	
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>	<p>E-mail Address [REDACTED]</p>		
<p>Address [REDACTED]</p>		<p>Evening Telephone Number Same</p>			
<p>City LAS VEGAS</p>	<p>State NV</p>	<p>Zip Code [REDACTED]</p>			
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNHM83WX6[REDACTED]</p>		<p>Make LINCOLN</p>	<p>Model TOWN CAR</p>	<p>Model Year 2006</p>	
<p>Date Purchased NOV 07</p>	<p>Dealer's Name and Telephone Number Leam Ford,</p>		<p>Engine: No: Cylinders 8</p>	<p>Fuel Type: GAS</p>	
<p>Original Owner <input type="checkbox"/></p>	<p>Dealer's City</p>	<p>State</p>	<p>Zip Code</p>		
<p>Transmission Type Auto</p>	<p><input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain 1</p>	<p>Multiple Failure: Yes</p>	<p>Incident Date(s) 11-SEP-2012,</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: 140000 AIR BAGS</p>			<p>Failure Mileage 30000</p>	<p>Failure Speed 0</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>		<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Deaths 0</p>	<p>Reported to Police N</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2006 LINCOLN TOWN CAR. THE CONTACT STATED THAT WHEN HE TURNS THE IGNITION ON THE AIR BAG LIGHT HAD ILLUMINATED. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY ADVISED HIM THAT THE RIGHT SIDE SEAT BELT PRE TENSIONER AND BUCKLE FAILED. THE VEHICLE WAS REPAIRED FOR THAT COMPONENT. APPROXIMATELY ONE MONTH LATER THE LEFT SIDE AIR BAG WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN BACK TO THE DEALER AND THEY ADVISED HIM THAT THE LEFT FRONT PRE TENSIONER AND BUCKLE FAILED AND NEEDED TO BE REPLACED. THE VEHICLE HAS NOT BEEN REPAIRED. THE MANUFACTURER WAS NOT CONTACTED. THE FAILURE MILEAGE WAS APPROXIMATELY 30,000. THE CURRENT MILEAGE WAS APPROXIMATELY 31,500.</p> <p>The air bags were inoperable on two occasions in a 3 month period.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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.</p>					

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

The air bags were inoperable on two occasions in a 90 day period. Needed to be repaired
Dangerous to drive.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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

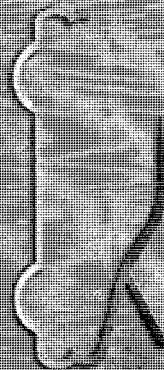
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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

or call:

**Vehicle Safety Hotline
888-327-4236**

NHTSA

Vehicle Defect & Complaints (VDC) Form
U.S. Department of Transportation
National Highway Traffic Safety Administration

5445 DREXEL ROAD
LAS VEGAS, NV 89130
SERVICE (702) 395-5111

SERVICE DEPARTMENT HOURS:
MONDAY THRU FRIDAY 7:00 AM to 7:00 PM
SATURDAY 8:00 AM to 5:00 PM



NO VEHICLES RELEASED AFTER SERVICE DEPT. HOURS

Thank You!

RECOMMENDED SERVICE:

REPAIR NO.	CUSTOMER PARTICIPATION	DEALER PARTICIPATION	REPAIR TOTAL	CLAIM CHGD. OR DENIED
				CLAIM RETURNED
				S.O. TAX
				M.H. TAX

80539 CC698963 Q (02/11)

ALL PARTS NEW UNLESS IDENTIFIED 'REMANUF (REMANUFACTURED)

(SIGNED) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) _____

Adv: 541 ALLAN VOLEJ	Tag: 9355	License: [REDACTED]	1LNHM83WX 6Y [REDACTED]	Page: 1	Invoice: C40882
Invoice to [REDACTED] LAS VEGAS, NV Work: [REDACTED] Cell: [REDACTED]			Driver/Owner Information [REDACTED] LAS VEGAS, NV Work: [REDACTED] Cell: [REDACTED]		
For Office Use Odometer in: 30616 Out: [REDACTED] Dist: 1LW CUS Prelim			Vehicle Information 06 LINCOLN TOWN CAR ULTIMATE 4DR SDN TAN/BEIGE		
Begin: 09/10/12	Done: 09/11/12	Invoiced: 09/11/12 16:20 ER	Inservice: 08/26/06	Production: 08/26/05	
Customer Concern					
Concern 24 Correction Type: LOF	PERFORM MULTI-POINT INSPECTION PERFORM MULTI-POINT INSPECTION	Operation 99P	Tech 403	Amount 0.00	
		Subtotal		TOTAL CHARGE FOR CONCERN 0.00	
Concern 25 Correction Type: LOF	BATTERY STATE OF HEALTH CHECKED AND OK	Operation GBATT	Tech 403	Amount 0.00	
		Subtotal		TOTAL CHARGE FOR CONCERN 0.00	
Concern 26 Correction Type: LOF	BRAKE LINING CHECKED AND OK	Operation GBK	Tech 403	Amount 0.00	
		Subtotal		TOTAL CHARGE FOR CONCERN 0.00	
Concern 27 Correction Type: LOF	TIRE TREAD CHECKED AND OK	Operation GTIRE	Tech 403	Amount 0.00	
		Subtotal		TOTAL CHARGE FOR CONCERN 0.00	
Concern 28 Correction Parts	CUSTOMER STATES CUST CALLED BACK WANTS TO HAVE RIGHT FRONT <u>PRETENSIONER REPLACED</u> REPLACED THE R/F SEAT BELT PRETENSIONER KIT PER PREVIOUS DIAGNOSIS. RETESTED OPERATION OK. Part Number PO# Note Description EMC BW7Z 5461200 AB NOTE KIT - SEAT BELT	Operation ELEC	Tech 403	Amount 206.15	
		Qty	Sell		
		1 C	436.48	436.48	
		Subtotal		PARTS 436.48	
				LAB-MECHANICAL 206.15	

X _____

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE

CUSTOMER

5445 DREXEL ROAD
LAS VEGAS, NV 89130
SERVICE (702) 395-5111

SERVICE DEPARTMENT HOURS:
MONDAY THRU FRIDAY 7:00 AM to 7:00 PM
SATURDAY 8:00 AM to 5:00 PM



NO VEHICLES RELEASED AFTER SERVICE DEPT. HOURS

Thank You!

81643 CC688983 Q (02/11)

RECOMMENDED SERVICE:

LINCOLN

REPAIR NO.	CUSTOMER PARTICIPATION	DEALER PARTICIPATION	REPAIR TOTAL	CLAIM CHGD. OR DENIED
				CLAIM RETURNED
				S.O. TAX
				M.H. TAX

ALL PARTS NEW UNLESS IDENTIFIED 'REMANUF' (REMANUFACTURED)

(SIGNED) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) _____

Adv: 444 JOE BOETTCHER	Tag: 7886	License: [REDACTED]	1LNHM83WX 6Y [REDACTED]	Page: 2	Invoice: C45840
Invoice to: [REDACTED]			Driver/Owner: [REDACTED]		
Invoiced: 11/12/12 15:03:48 ER			BY LINCOLN TOWN CAR ULTIMATE 4DR SDN TAN/BEIGE		
Concern 28	TIRE TREAD	Operation Tech		Amount	
Correction	CHECKED AND OK	GTIRE	403	0.00	
Type: LOF	Subtotal		0.00		
TOTAL CHARGE FOR CONCERN			0.00		
Summary of Charges for Invoice C45840			Payment Distribution for Invoice C45840		
PARTS	280.00	TOTAL CHARGE	595.00		
LAB-MECHANICAL	292.32	CASH DUE	595.00		
SUB-TOTAL	572.32				
SALES TAX	22.68				
TOTAL CHARGE	595.00				
<p>If you have any questions - please see JOE BOETTCHER OR ANY OTHER SERVICE ADVISOR FOR ASSISTANCE. WE AT TEAM FORD WANT YOU TO BE "COMPLETELY SATISFIED".</p> <p>THANK YOU FOR YOUR BUSINESS. *****</p> <p>THERE WILL BE A \$25.00 CHARGE ON ALL RETURNED CHECKS</p>					

Last Page

NOV 12 2012
BY [Signature]

X

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE

CUSTOMER

5445 DREXEL ROAD
 LAS VEGAS, NV 89130
 SERVICE (702) 395-5111
 SERVICE DEPARTMENT HOURS:
 MONDAY THRU FRIDAY 7:00 AM to 7:00 PM
 SATURDAY 8:00 AM to 5:00 PM



NO VEHICLES RELEASED AFTER SERVICE DEPT. HOURS

Thank You!

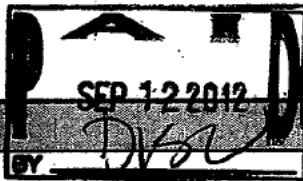
80539 CC698983 Q (02/11)

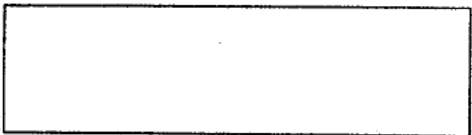
RECOMMENDED SERVICE:

REPAIR NO.	CUSTOMER PARTICIPATION	DEALER PARTICIPATION	REPAIR TOTAL	CLAIM CHGD. OR DENIED
				CLAIM RETURNED
				S.O. TAX
				M.H. TAX

ALL PARTS NEW UNLESS IDENTIFIED 'REMANUF' (REMANUFACTURED)

(SIGNED) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

Adv: 541 ALLAN VOLEJ	Tag: 9355	License: [REDACTED]	1LNHM83WX 6Y [REDACTED]	Page: 2	Invoice: C40882
Invoice to: [REDACTED]		Deliver/Denies: [REDACTED]			
Invoiced: 09/11/12 16:20:27 ER		OF LINCOLN TOWN CAR ULTIMATE 4DR SDN TAN/BEIGE			
Type: C	TOTAL CHARGE FOR CONCERN			542.63	
Concern 51	CUSTOMER STATES AIR BAG LIGHT ON DIAG \$110.00			Operation Tech	Amount
Correction	LINCOLN DIAGNOSIS TIME ONLY, CUSTOMER DECLINED REPLACING THE R/F PRETENSIONER AND BUCKLE AT THIS TIME.			LMDIAG 403	119.00
Type: C	Line Flags: NOS			Subtotal	
LAB-MECHANICAL			119.00		
TOTAL CHARGE FOR CONCERN			119.00		
Summary of Charges for Invoice C40882			Payment Distribution for Invoice C40882		
PARTS	436.48	TOTAL CHARGE		830.00	
SUPPLIES	30.54	CASH DUE		830.00	
LAB-MECHANICAL	325.15				
SUB-TOTAL	792.17				
SALES TAX	37.83				
TOTAL CHARGE	830.00				
THESE ITEMS ARE RECOMMENDED FOR YOUR VEHICLE					
Item 01	Operation	NW	Tech: 403	Follow Up: 09/25/12	
	Concern	DECLINED			
	Correction	CUSTOMER DOES NOT WANT WORK DONE			
Item 02	Operation	NW	Tech: 403	Follow Up: 09/25/12	
	Concern	AIR BAG LIGHT			
	Correction	CUSTOMER DOES NOT WANT WORK DONE			
CUST CALLED STILL DECIDING CALLED CUST WILL CALL CALL BACK If you have any questions - please see ALLAN VOLEJ OR ANY OTHER SERVICE ADVISOR FOR ASSISTANCE. WE AT TEAM FORD WANT YOU TO BE "COMPLETELY SATISFIED". THANK YOU FOR YOUR BUSINESS. ***** THERE WILL BE A \$25.00 CHARGE ON ALL RETURNED CHECKS					
					Last Page

X 

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CUSTOMER

5445 DREXEL ROAD
LAS VEGAS, NV 89130
SERVICE (702) 395-5111

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MONDAY THRU FRIDAY 7:00 AM to 7:00 PM
SATURDAY 8:00 AM to 5:00 PM



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Thank You!

RECOMMENDED SERVICE:

REPAIR NO.	CUSTOMER PARTICIPATION	DEALER PARTICIPATION	REPAIR TOTAL	CLAIM CHGD. OR DENIED
				CLAIM RETURNED
				S.O. TAX
				M.H. TAX

ALL PARTS NEW UNLESS IDENTIFIED 'REMANUF' (REMANUFACTURED)

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81643 CC99883 C (02/11)

Adv: 444 JOE BOETTCHER		7886		LINCOLN 6Y	Page: 1	Invoice: C45840
Invoice to				Driver/Owner Information		
LAS VEGAS, NV				LAS VEGAS, NV		
Cell: Work:				Cell: Work:		
For Office Use				Vehicle Information		
Odometer in: 31594 Out:		Dist: 11N CUS Prelim:		06 LINCOLN TOWN CAR ULTIMATE 4DR SDN TAN/BEIGE		
Begin: 11/06/12 Done: 11/12/12		Invoiced: 11/12/12 11:09 ER		Inservice: 08/26/06		Production: 08/26/05
Customer Concern						
Concern 24	AIR BAG LIGHT RECOMMENDED BY TECH 418 ON RD 45425 FOUND LEFT FRONT PRETENSIONER INOP - PICKED UP PART, SHOULD BE HERE *** CUSTOMER REQUEST, HAND ONTO OLD PART, PUT IN PASSENGER SEAT ***			Operation	Tech	Amount
Correction	REPLACED THE L/F PRETENSIONER KIT, CLEARED CODE. RETESTED OPERATION OK.			ELEC	403	S 292.32
Parts	Part Number	QTY	Description	Qty		Sell
	SPO BW7Z 5461200 BS	1	KIT - SEAT BELT	1	S	280.00 280.00
Type: T	Line Flag: NOS			Subtotal		
				PARTS 280.00		
				LAB-MECHANICAL 292.32		
				TOTAL CHARGE FOR CONCERN 572.32		
Concern 25	PERFORM MULTI-POINT			Operation	Tech	Amount
Correction	PERFORM MULTI-POINT			59F	403	* 0.00
Type: LOF				Subtotal		
				TOTAL CHARGE FOR CONCERN 0.00		
Concern 26	BATTERY STATE OF HEALTH			Operation	Tech	Amount
Correction	CHECKED AND OK			GBATT	403	0.00
Type: LOF				Subtotal		
				TOTAL CHARGE FOR CONCERN 0.00		
Concern 27	BRAKE LINING			Operation	Tech	Amount
Correction	CHECKED AND OK			GBK	403	0.00
Type: LOF				Subtotal		
				TOTAL CHARGE FOR CONCERN 0.00		

X

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CUSTOMER