


INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>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>Date Received</p> <p>APR 24 2013 12-MAR-2013</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10502477</p>			
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name</p> <p>[REDACTED]</p>		<p>Daytime Telephone Number</p> <p>[REDACTED]</p>		<p>E-mail Address</p>	
<p>Address</p> <p>[REDACTED]</p>		<p>Evening Telephone Number</p> <p>[REDACTED]</p>			
<p>City</p> <p>PITSTON</p>	<p>State</p> <p>ME</p>	<p>Zip Code</p> <p>[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</p> <p>1LNLM82W8TY [REDACTED]</p>		<p>Make</p> <p>LINCOLN</p>	<p>Model</p> <p>TOWN CAR</p>	<p>Model Year</p> <p>1996</p>	
<p>Date Purchased</p> <p>9-3-01</p>	<p>Dealer's Name and Telephone Number</p> <p>PHIL SAIDILLIS LTD. PER. AUTO 508-588-9590</p>		<p>Engine:</p> <p>No: Cylinders</p> <p>8</p>	<p>Fuel Type:</p> <p>GAS</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p> <p>BROOKTON</p>	<p>State</p> <p>MA</p>	<p>Zip Code</p> <p>09501</p>		
<p>Transmission Type</p> <p>AUTO</p>	<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s)</p> <p>01-JAN-2012</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: 150000 SEAT BELTS</p>			<p>Failure Mileage</p> <p>125000</p>	<p>Failure Speed:</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</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>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 1996 LINCOLN TOWN CAR. THE CONTACT STATED THAT THE DRIVER AND PASSENGER SIDE SEAT BELT RECEPTACLES FAILED. THE VEHICLE WAS TAKEN TO THE DEALER, WHO ADVISED THAT THE SEAT BELT SYSTEM NEEDED TO BE REPLACED. THE SEAT BELT SYSTEM WAS NOT REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 125,000 AND THE APPROXIMATE CURRENT MILEAGE WAS 35,000.</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)

CORRECTIONS - IT WAS THE DRIVER AND CENTER SEAT BELT RECEPTACLES THAT
FAILED. I HAD THE DRIVER AND PASSENGER RECEPTACLES SWITCHED SO I
COULD HAVE A WORKING RECEPTACLE. THE CURRENT MILEAGE IS 141,330

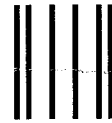
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

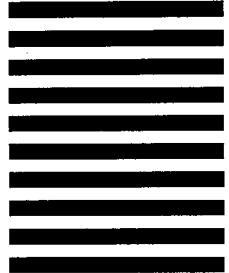
**National Highway
Traffic Safety
Administration**

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

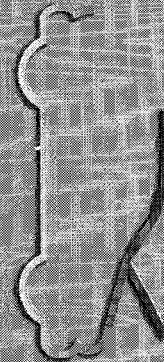
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-21C
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**



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

