

DOT Auto Safety Hotline
 U.S. Department of Transportation
 National Highway Traffic Safety Administration

Postage 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 OFFICE USE ONLY

Date Received: **RECEIVED**
 FEB 16 AM 4:59

Office Defects Inv: **OFFICE DEFECTS INV**

Reference No.: **550924**

Routing Telephone Number: _____

OWNER INFORMATION (Type or Print)

Name: _____
 Street: _____
 City: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 2/11/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN): (Located at bottom of windshield on driver's side)
1LNLM81W3PY660205

Make: **Lincoln** Model: **Town Car** Year: **1993**

Purchased Date: **January 1995** Dealer's Name: **Magazine Ford** Engine Size (CID/CO/L): _____
 Turbo Diesel Gas Fuel Injection
 New Used Dealer's City: **Glassboro, NJ** State: **NJ** Zip Code: **08028** No. Cylinders: _____

Manufacture Date (on driver's door or pillar): _____ Transmission Type: Manual Automatic
 Restraint System: Driverside Air Bag Motorbelt Passengerside Air Bag 2-Point Belt 2-Point Belt
 Cruise Control: Yes No
 Drivetrain: Front Rear 4-Wheel
 Vehicle Type: Car Sport Utility Van Truck Minivan Motorcycle Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): **Door Latch** Location: **Driver Latch** Failed Part(s): Original Replacement
DAIR Suspension Left Right Front Rear
 Handicap Adaptive Equip: Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: _____ Tire Name: _____ Complete Tire Size: _____

No. of Failures: _____ Date(s) of Failure(s): _____ Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____
 Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash: Yes No Fire: Yes No Number of Persons Injured: _____ Number of Fatalities: _____ Reported to Manufacturer: Yes No

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

① Suspension System goes up and down. Unable to know when you might be totally down or when height would be to highly elevated. It appears that only a dealership has the ability to make the analysis.

② Also, Door Latch electronically controlled. Door unable to be opened by hand, definite safety hazard.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.