



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 241

Date Received

10-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000484

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| | | | | |
|--|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| PLEASE FILL IN | LINCOLN | TOWN CAR | 2002 | |

| | | | |
|---|---------------------------------------|------------------------------|---|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | |

| | | | | | | |
|---|--|---|---|---|---|---|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|--|
| Component 12340000 | Part Name(s) INTERIOR SYSTEMS:SEAT HEAD RESTRAINTS | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure | Dates of Failure(s) 19-NOV-2001 Mileage at Failure(s) 200 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

| | | | | | |
|---|--|---------------------------|----------------------|--------------------------|---|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HEAD RESTRAINT SET TOO LOW ON DRIVER'S SIDE, NO PROTECTION FOR DRIVER'S HEAD IF VEHICLE GETS INVOLVED IN A CRASH. DEALER/MANUFACTURER WERE NOTIFIED, AND UNWILLING TO ASSIST IN THIS MATTER. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS PROBLEM. *AK

CONTINUE ON REVERSE

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.



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Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1058

Date Received

20-SEP-2000

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8000484

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| | | | | | | |
|---|---|--|--|---|--|---|
| Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 2B4FP2533VR | DODGE TRUCK | CARAVAN | 1997 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) 6 CYL | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|------------------------------------|--|--|
| Component 08100000 | Part Name(s) FUEL:FUEL SYSTEMS | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure 1 | Dates of Failure(s) 19-SEP-2000 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mileage at Failure(s) | | |
| | Vehicle Speed at Failure(s) | | |

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

| | | | | | |
|---|---|---------------------------|----------------------|--------------------------|---|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|--------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING CONSUMER COULD SMELL GASOLINE, CONSUMER PULLED TO THE SHOULDER AND THE VEHICLE BURST INTO FLAMES IN THE ENGINE COMPARTMENT, FUEL LEAKING FROM THE FUEL DELIVERY SYSTEM IN THE ENGINE COMPARTMENT WAS DETERMINED TO HAVE CAUSED THE FIRE, CLAIM 13-7076-635. *SLC

COPIES OF THIS FORM ARE:

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U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received 9/11/02
13-DEC-2001
DEFECTS INVESTIGATION OFFICE

Od_or
rt_dt
od_rt
up_itr

Reference No.

8000484

OWNER INFORMATION (Type or Print)

729607

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of a signature, your name and address to the vehicle manufacturer.
Signature of Owner

YES NO

Date 1/12/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (if coated at bottom, if indistinct on driver's side)
1LNHM22W92V684508
PLEASE FILL IN
Vehicle Make LINCOLN
Vehicle Model TOWN CAR
Vehicle Year 2002
Current Odometer Reading 898

Purchase Date 10/31/02
Dealer's Name German Lincoln Mercury
City NAPLES State FL Zip Code 34110
Engine Size (CID/CC/L) No Cylinders 8
 Turbo
 Diesel
 Gas
 Fuel Injectio

Transmission Type Antilock Brakes Restraint System Cruise Control Drive Train Vehicle Type Body Style
 Manual Yes 3-Point Bel: Motorbelt
 Automatic No Driverside Airbag 2-Point Bel
 Passengerside Airbag Yes No Front Rear 4-Wheel
 Car Sport UH
 Van Truck
 Minivan Motorcycle
 Other 2-Door
 4-Door
 Stationwagon
 Pick Up
 Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12340000 Part Name(s) INTERIOR SYSTEMS: SEAT HEAD RESTRAINTS Location Left Right
 Front Rear Failed Part(s) Original
 Replacement

No. of Failures Date(s) of Failure(s) 19-NOV-2001 Failed Part(s) NHTSA Previously
Mileage at Failure(s) 200 Yes No Yes No
Vehicle Speed at Failure(s)

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash Fire Number of Persons Injured Number of Fatalities Estimated Property Damage Reported to Police
 Yes No Yes No Yes No Yes No Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

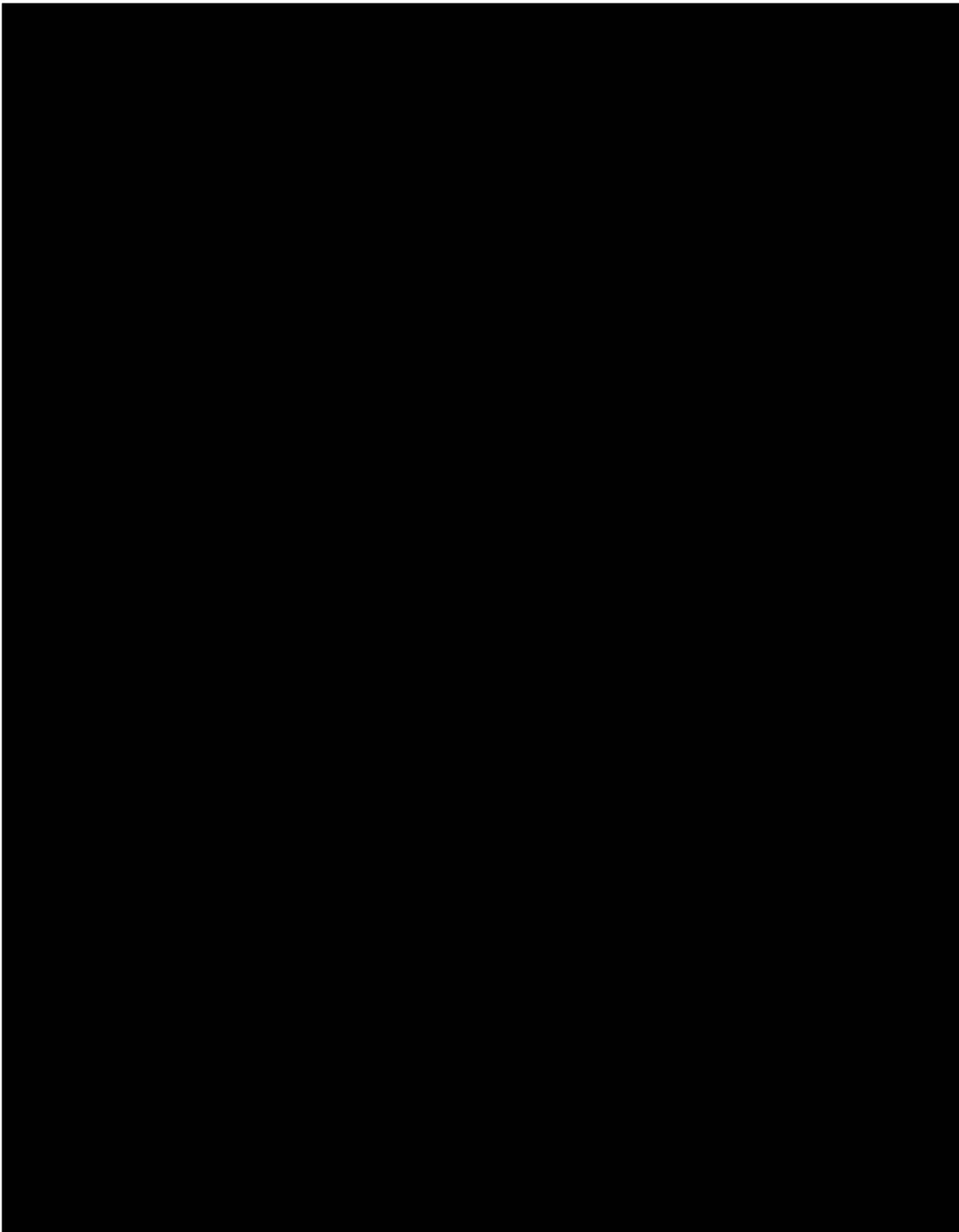
HEAD RESTRAINT SET TOO LOW ON DRIVER'S SIDE, NO PROTECTION FOR DRIVER'S HEAD IF VEHICLE GETS INVOLVED IN A CRASH. DEALER/MANUFACTURER WERE NOTIFIED, AND UNWILLING TO ASSIST IN THIS MATTER. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS PROBLEM. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

(Page 1 through Page 2)



NUMBER

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