



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 258	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
26-MAY-2000	
Reference No. 723240	

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1LNLM97V7VY691829	LINCOLN	CONTINENTAL	1997			
Purchase Date 01-AUG-1999	Dealer's Name _____		Engine Size (CID/CCL) _____ V6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input 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 checked="" 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 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 18	Date(s) of Failure(s) <u>26-MAY-2000</u> Mileage at Failure(s) <u>34500</u> Vehicle Speed at Failure(s) <u>25</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

THIS IS A SAFETY ISSUE THE CAR DIES WHILE IN THE MIDDLE OF DRIVING. THIS IS AT LEAST THE 18TH TIME. FORD CLAIMS THEY CAN NOT FIND THE PROBLEM . CAN SOMEONE HELP BEFORE THIS CAR CAUSES AN ACCIDENT OR DEATH.*AK

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.