



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 258

Date Received

29-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

752723

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 and/or above driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| UNKNOWN | LINCOLN | TOWN CAR | 1993 | |

| | | | |
|---|---------------------------------------|---------------------------------|---|
| Purchase Date 01-SEP-1995 | 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 Util <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 type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |
|--|---|--|--|---|---|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|--|
| Component 12411000 | Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT. | 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 | Date(s) of Failure(s) _____ 13-JUL-1997 15 Mileage at Failure(s) _____ 15 | 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 checked="" type="checkbox"/> No | Number of Persons Injured 2 | Number of Fatalities 0 | Estimated Property Damag | Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|--------------------------|---|

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

OUR PASSENGER SIDE AIRBAG DEPLOYED DURING A WRECK WHICH CRUSHED MY THUMB ON MY RIGHT HAND, AS WELL AS MY RING FINGER ON RIGHT HAND. THESE REQUIRED SURGERY TO CORRECT. HAND STILL DISABLED WITH FINGER THAT WON'T BEND. DRIVER AND PASSENGER WERE INJURED BY THE PASSENGER SIDE AIRBAG WITH BURNS/ABRASIONS TO OUR KNEES (WEARING SHORTS AT THE TIME). SINCE THAT TIME I (PASSENGER) HAVE HAD TROUBLE WITH KNEE WHERE AIRBAG IMPACTED. DRIVER HAD SEVERE BURN/ABRASIONS TO HIS RIGHT ARM FROM WRIST TO ELBOW. THE AIRBAGS WERE TOO VIOLENT UPON BEING DEPLOYED.*AK

COPIED FROM NHTSA FILE # 12411000

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.