Form Approved: OMB No. 2127-0042

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: 11-JAN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No. 756727

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
5LMEU27A91LJ07545	LINCOLN TRUCK	NAVIGATOR	2001	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____ City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____ No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
2	11-JAN-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s		
	Vehicle Speed at Failure(s) 40		

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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	3	0		☒ Yes ☐ No

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

I AM A CAPTAIN WITH THE FIRE DEPARTMENT AND RESPONDED TO A 2 CAR HEAD ON CRASH. OTHER VEHICLE HAD AIRBAG DEPLOYMENT, WHILE THIS NAVIGATOR HAD A MAJOR FRONT END COLLISION AND AIR BAGS WERE LOADED (NOT ACTIVATED) ON OUR ARRIVAL. ONLY ONE OCCUPANT IN THE NAVIGATOR WAS INJURED, MINOR, BUT REQUIRED AMBULANCE TRANSPORTATION. COLTON FIRE ALSO RESPONDED, AND COLTON P.D. WAS THE INVESTIGATIVE AUTHORITY, SGT. STEVE DAVIS WAS THE OFFICER IN CHARGE. THE OWNER OF THE NAVIGATOR, LINDA JONES OF 1245 WEST "C" STREET, COLTON CA, 92324 STATED THAT THE AIR BAG WAS NOT DE-ACTIVATED ON THE PASSENGER SIDE. THE FRONTAL IMPACT OF THIS COLLISION SHOULD HAVE CERTAINLY CAUSED AIR BAG DEPLOYMENT. *AK

CONTINUE OTHER SIDE IF NEEDED