

785270

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>
Date: 2/12/01 4:54AM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Monday, February 12th 2001 at 4:54:25 AM

VEHICLE OWNER'S QUESTIONNAIRE
=====

OWNER INFORMATION

NAME: [REDACTED]
ADDRESS: [REDACTED]
TELEPHONE: [REDACTED]

NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN:
MAKE: lincoln
MODEL: town car
YEAR: 1993

ODOMETER:
PURCHASE DATE: NEW OR USED: New

DEALER NAME: SUSSMAN LINCOLN -
ADDRESS: , 18966-2044

ENGINE SIZE:
CYLINDERS: 8

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: No
DRIVETRAIN: Rear

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: seat

PART NAME(S): head rest,too much space from head,allows whiplash in rear-enders.

LOCATION: Right Front

NUMBER OF FAILURES: 3

DATE(S) OF FAILURES: VARIOUS

MILEAGE AT FAILURE(S):

SPEED AT FAILURE(S): STOPPED

MANUFATURER CONTACTED:

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: Yes

FIRE: No

NUMBER OF PERSONS INJURED: 2

NUMBER OF FATALITIES:

ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED: No

PASSENGER AIRBAG DEPLOYED: No

REPORTED TO POLICE: Yes

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT

TIRE MANUFACTURER:

TIRE NAME:

TIRE SIZE:

ADDITIONAL COMMENTS

Gave info to dealer "SUSSMAN's ,in the Philadelphia area.

END OF FORM



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 778

Date Received

12-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

785270

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 door)</small>	Vehicle Make LINCOLN	Vehicle Model TOWN CAR	Vehicle Year 1993	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L 8 CYL) No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" 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 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 3	Date(s) of Failure(s) _____ Mileage 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 2	Number of Fatalities	Estimated Property Damag	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN AN ACCIDENT, 2 PEOPLE WERE INJURED, CONSUMER STATES THAT THE HEAD REST HAVE TOO MUCH SPACE FROM THE HEAD WHICH CAN CAUSE WHIPLASH. *SLC

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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.