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 758

Date Received: 11-JAN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 8002036

[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
ADD	LINCOLN	TOWN CAR	1994	

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)
03251000 08300000	BRAKES:HYDRAULIC:ANTI-SKID CONTROL MODE SOLENOID SEI ELECTRICAL SYSTEM:WIRING	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	30-DEC-2001	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 100000		
	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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☒ Yes ☐ No	0			☐ Yes ☐ No

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

VEHICLE PARKED FOR 2 HOURS. OWNER NOTICED SMOKE COMING FROM UNDER HOOD AFTER RETURNING. HOOD WAS RAISED AND FLAMES SHOT OUT. FLAMES EXTINGUISHED. VEHICLE TOWED TO DEALER. MECHANIC DETERMINED CAUSE WAS ABS PRESSURE SENSOR SWITCH.*AK

CONTINUE ON BACK IF NEEDED

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 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.

Form Approved. O.M.B. No. 2127-0008

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

RECEIVED
2002 FEB 21 P 2:10
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 758

Date Received: 21-JAN-2002

Od_or
rt_dt
od rt
up_ltr

Reference No. 8002036

Work Number

OWNER INFORMATION (Type or Print)

[redacted]

Do you authorize NHTSA to forward your complaint to the manufacturer of your vehicle? In the absence of an au[redacted]me and address to the vehicle manufacturer. ☐ YES ☐ NO

Signature of Owner [redacted] Date 2/12/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1LNLM ADD 82WAY743358	LINCOLN	TOWN CAR	1994	101,256

Purchase Date: JUNE 1995 ☐ New ☒ Used

Dealer's Name: McCarthy Ford

City: TITUSVILLE State: FL Zip Code: 3278[illegible]

Engine Siz (CID/CC/L): ____ No Cylinders: 8

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injecto

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Locat[illegible]n	Failed Part(s)
03251000 08300000	BRAKES:HYDRAULIC:ANTI-SKID CONTROL MODE SOLENOID SE ELECTRICAL SYSTEM:WIRING	☒ ☐ eft ☐ Right ☐ ront ☐ Rear	☒ Original ☐ Replacemen

No of Failures

Date(s) of Failure(s): 30-DEC-2001
Mileage at Failure(s): 100000
Vehicle Speed at Failure(s): ____

Failed Part(s): ☒ Yes ☐ No

NHTSA Previously: ☐ Yes ☒ No

APPLICATION INCIDENT INFOR[illegible]ATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury[illegible]s) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	[illegible]timated Property Damage	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0		3,000	☐ Yes ☒ No

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

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