



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** 798

Date Received

21-FEB-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8004354

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	LINCOLN	TOWN CAR	1993			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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 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 type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 08110000	Part Name(s) FUEL:FUEL TANK ASSEMBLY	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	Dates of Failure(s) 01-FEB-2002 Mileage at Failure(s) 110000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

AFTER PUTTING VEHICLE IN PARK CONSUMER NOTICED THAT THERE WAS A TRAIL OF FUEL LEADING UP THE DRIVEWAY COMING FROM VEHICLE. CONSUMER TOOK VEHICLE OUT FROM THE GARAGE AND SOON AFTER THAT VEHICLE CAUGHT ON FIRE. CONTACTED DEALER. \*AK

CONTINUE ON REVERSE

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 798	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received <u>02 MAR 21 2002</u> 21 FEB 2002 OFFICE DEFECTS INVESTIGATION	
[Redacted]		Oid_or _____ ri_dt _____ od_rt _____ up_itr _____ Reference No. 8004354	
739758		Work Number _____	
Home [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of your authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		Date <u>3/8/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Mode	Vehicle Year
<u>NIA 1LNLM81WXPY601782</u>	<u>LINCOLN</u>	<u>TOWN CAR</u>	<u>1993</u>
Current Odometer Reading			
<u>110,000</u>			
Purchase Date	Dealer's Name	Engine Siz. (CID/CC)	<input type="checkbox"/> Turbo Diesel Gas
<u>10/99</u>	<u>OTIS FORD</u>	<u>4.6 L</u>	<input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>QUOGUE</u> State <u>N.Y.</u> Zip Code <u>11959</u>	No Cylinders <u>8</u>	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Lift <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
<u>08110000</u>	<u>FUEL:FUEL TANK ASSEMBLY</u> <u>FUEL PUMP</u> <u>FUEL LINES</u>	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
<u>1</u>	<u>01-FEB-2002</u> <u>110000</u> <u>0 PARKED</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0</u>	<u>0</u>
Estimated Property Damage		Reported to Police	
<u>4/621.68</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>ALSO FD</u>	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>AFTER PUTTING VEHICLE IN PARK CONSUMER NOTICED THAT THERE WAS A TRAIL OF FUEL LEADING UP THE DRIVEWAY COMING FROM VEHICLE. CONSUMER TOOK VEHICLE OUT FROM THE GARAGE AND SOON AFTER THAT VEHICLE CAUGHT ON FIRE. CONTACTED DEALER. *AK CALLED LOCAL FIRE DEPT, DISCHARGED CO<sup>2</sup> FIRE EXTINGUISHER UNDER REAR OF VEHICLE, DISCONNECTED BATTERY. LOCAL DEALER FOUND PERFORATED BUST ON STEEL FUEL LINES AT FUEL PUMP WHICH WAS ALSO HEAVILY RUSTED. FUEL LINE SPRAYED FUEL ON HOT -</p>			

CONTINUE ON BACK IF NEEDED

Hold to show return address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAIL/REIS (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

EXHAUST SYSTEM. THANK GOD I SAW FUEL IN MY DRIVE-WAY OTHERWISE I WOULD HAVE GONE INTO HOUSE AND MIGHT HAVE LOST MY GARAGE AND HOUSE.

I CONTACTED FORD MOTOR CO (LINCOLN DIVISION) AND WAS TOLD TO NOTIFY NHTSA, CASE ID: 477917, TRACKING ID: KMM-147377. I CCKM.

MY ~~WIFE~~ OTIS FORD ALSO CHANGED THE STEEL BRAKE-  
HIPS WHICH SHOWED EVIDENCE OF CORROSION.

MY VEHICLE IS GARAGED ALL THE TIME AND IS IN SHOW-ROOM CONDITION. THERE ARE VEHICLES IN JUNK YARDS THAT ARE 20 AND 30 YRS OLD THAT DO NOT HAVE CORRODED FUEL LINES. I WAS TOLD TO HOLD ONTO THE OLD PARTS WHICH I HAVE. I WAS AN AUTO SERVICE MANAGER FOR 36 YEARS AND I NEVER SAW ANYTHING LIKE THIS.

★ U.S. G.P.O.: 1982 - 622-877/0000

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590