



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 1362

Date Received

22-MAR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
ip\_lr \_\_\_\_\_

Reference No.

8006214

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)<br><small>(Location at bottom of<br/>windshield and driver's side)</small> |                                                             | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                       |
| 1LNFM91VXWY621541                                                                                   |                                                             | LINCOLN                                                                                                                                                                                                      | MARK                                                        | 1998                                                                                                                                         |                                                                                                                                                                                                                                                |
| Purchase Date                                                                                       | Dealer's Name _____                                         |                                                                                                                                                                                                              | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                              | No Cylinders _____                                          |                                                                                                                                              |                                                                                                                                                                                                                                                |
| Transmission Type                                                                                   | Antilock Brakes                                             | Restraint System                                                                                                                                                                                             | Cruise Control                                              | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                                     |                                                             |                                                                                                                                                                                                              |                                                             |                                                                                                                                              | Body Style                                                                                                                                                                                                                                     |
|                                                                                                     |                                                             |                                                                                                                                                                                                              |                                                             |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                  |

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

|                       |                                                                                               |                                                                                                                                          |                                                                                             |
|-----------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>01120000 | Part Name(s)<br>STEERING COLUMN                                                               | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE DRIVING STEERING COLUMN WAS VERY LOOSE, MAING IT DIFFICULT TO DRIVE VEHICLE.\*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.



# Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

744908

Reference No.  
8006214

FOR AGENCY USE ONLY 1362

Date Reported

22-MAR-2002

up, it, it, it

07-102

Date 4/10/02

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

YES NO

Signature of Owner

## VEHICLE INFORMATION

|                                                                          |              |               |              |                            |
|--------------------------------------------------------------------------|--------------|---------------|--------------|----------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odor/Enter Reading |
| 1NFM91VXWY621541                                                         | LINCOLN      | MARK          | 1998         | 44,500                     |

|               |               |             |       |          |                      |                |
|---------------|---------------|-------------|-------|----------|----------------------|----------------|
| Purchase Date | Dealer's Name | City        | State | Zip Code | Engine Size (CID/CC) | Fuel Injection |
| Jan '98       | Holman        | MAPLE SHADE | NY    | 08052    |                      |                |

|                   |                 |                  |                |            |              |            |
|-------------------|-----------------|------------------|----------------|------------|--------------|------------|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Type | Vehicle Type | Body Style |
| Automatic         | Yes             | 3-Point Belt     | Yes            | Front      | Car          | 2-Door     |

|           |              |                  |          |              |          |             |
|-----------|--------------|------------------|----------|--------------|----------|-------------|
| Component | Part Name(s) | STEERING: COLUMN | Location | Failed Parts | Original | Replacement |
| 01120000  |              |                  |          |              |          |             |

|                |                       |                       |                             |                |            |     |    |
|----------------|-----------------------|-----------------------|-----------------------------|----------------|------------|-----|----|
| No of Failures | Date(s) of Failure(s) | Mileage at Failure(s) | Vehicle Speed at Failure(s) | Failed Part(s) | Previously | Yes | No |
|                |                       |                       |                             |                |            |     |    |

## APPLICATION INCIDENT INFORMATION

|       |      |                           |                      |                           |                    |     |    |
|-------|------|---------------------------|----------------------|---------------------------|--------------------|-----|----|
| Class | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police | Yes | No |
|       |      |                           |                      |                           |                    |     |    |

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

WHILE DRIVING STEERING COLUMN WAS VERY LOOSE, MAKING IT DIFFICULT TO DRIVE

VEHICLE. AK How can the steering wheel come off a Mark III. than 50,000 miles?

It was a manufacturing defect - nothing

caused by use. Owner could not steer

vehicle so was forced to discontinue use

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 to this questionnaire. Your response may be used to assist the NHTSA in determining whether or 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.

**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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