

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1387</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>ALBANY NY</p>		<p>Date Received</p> <p>APR 27 2002</p>		<p>Od. or rt. dt. _____ od. rt. _____ up. jr. _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized NHTSA representative, provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date 8/8/03</p>		<p>Reference No.</p> <p>8007758</p>		<p>Work Number _____ Home Number _____</p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>1LNLM82W7TY716784</p>		<p>Vehicle Make</p> <p>LINCOLN</p>	<p>Vehicle Model</p> <p>TOWN CAR</p>	<p>Vehicle Year</p> <p>1996</p>	<p>Current Odometer Reading</p> <p>81,500</p>
<p>Purchase Date</p> <p>1-00</p>	<p>Dealer's Name</p> <p>LAZARE LINCOLN MERCURY</p>		<p>Engine Siz (CID/CCL) _____</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City</p> <p>ALBANY</p>		<p>State</p> <p>NY</p>	<p>Zip Code</p> <p>12205</p>	
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Anti-lock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Sport Util Truck Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component</p> <p>02150000</p>	<p>Part Name(s)</p> <p>SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s)</p> <p>09-APR-2002</p>		<p>Mileage at Failure(s)</p> <p>88000</p>	<p>Vehicle Speed at Failure(s)</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>				
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>LOWER CONTROL ARM/ BALL JOINT IS HAVING AS PROBLEM AS STATED IN RECALL 98V322000. CONTACTED MANUFACTURER, VEHICLE NOT INCLUDED IN RECALL DUE TO VIN. *AK</p>					

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-570) 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.