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: 18-JUN-2002

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

Reference No.: 8012055

[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
1LNBM81F2KY666436	LINCOLN	TOWN CAR	1989	

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 Ult ☐ 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
12240000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	13-JUN-2002		
	Mileage at Failure(s 1		
	Vehicle Speed at Failure(s) 10	☐ Yes ☐ No	☐ Yes ☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No	2			☐ Yes ☐ No

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

VEHICLE HIT A 8-10 INCH HIGH CONCRETE DIVIDER, PASSENGER HIT HEAD ON WINDSHIELD. SEATBELT DID NOT RESTRAIN HER, SHE SUFFERED HEAD LACERATIONS/ NECK AND BACK INJURIES. DRIVER WAS NOT WEARING SEATBELT DUE TO MEDICAL REASON, HIT HEAD ON WINDSHIELD. DAMAGE TO VEHICLE UNKNOWN.*AKI

CONTINUE ON BACK IF NEEDED

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

FOR AGENCY USE ONLY 758

Date Received: 18-JUN-2002
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8012055

OWNER INFORMATION (Type or Print)

[redacted] 759703

CHESAPEAKE VA

Work Number [redacted]
Home Number [redacted]

Do you authorize [redacted] manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of [redacted] your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date ___/___/___

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1LNBM81F2KY666436	LINCOLN	TOWN CAR	1989	191,900

Purchase Date: July 1989
☒ New ☐ Used

Dealer's Name: REEDMAN
City: LANGHORNE State: PA Zip Code: 19047

Engine Siz (C.D/CC/L ___ No Cylinders: 8
☐ 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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12240000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	☐ Left ☒ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) 13-JUN-2002 Mileage at Failure(s) 1 Vehicle Speed at Failure(s) 10	Failed Part(s)	NHTSA Previously
		☒ Yes ☐ No	☐ Yes ☒ 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	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2			☒ Yes ☐ No

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

VEHICLE HIT A 8-10 INCH HIGH CONCRETE DIVIDER, PASSENGER HIT HEAD ON WINDSHIELD. SEATBELT DID NOT RESTRAIN HER, SHE SUFFERED HEAD LACERATIONS/ NECK AND BACK INJURIES. DRIVER WAS NOT WEARING SEATBELT DUE TO MEDICAL REASON, HIT HEAD ON WINDSHIELD. DAMAGE TO VEHICLE UNKNOWN.*AKI

CONTINUE ON BACK IF NEEDED