



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 436

Date Received

21-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8012312

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 above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1LNAM83W61Y632943	LINCOLN	TOWN CAR	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 checked="" 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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) _____ 27-FEB-2002 Mileage at Failure(s) _____ 17500 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA 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 type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIR BAG LIGHT STAYED ILLUMINATED AFTER REPAIRED FOR THIRD TIME. DEALER WAS NOTIFIED, AND REPAIRED A LOOSE WIRE TO AIR BAG SENSOR. PLEASE PROVIDE MORE INFORMATION.*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.



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 436

Date Received

21 JUN 2002

OFFICE INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

Reference No.

8012312

OWNER INFORMATION (Type or Print)

BRANDON MS 760259

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorized representative, provide your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 27/02/02

VEHICLE INFORMATION

Vehicle Ident No. (VIN) (Located at bottom of windshield on driver's side) 1LNAM83W64Y662943 Vehicle Make LINCOLN Vehicle Mode TOWN CAR Vehicle Year 2001 Current Odometer Reading 18,650

Purchase Date 08/25/01 Dealer's Name Gray Danicks Engine Siz (CID/CC) _____ No Cylinders 8 Turbo Diesel Gas Fuel Injectio
 New Used City Jackson State MS Zip Code 39211

Transmission Type Manual Automatic Antilock Brakes Yes No Restraint System 3-Point Belt Driverside Airbag Passengerside Airbag Motorbelt 2-Point Belt Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Van Minivan Other Sport Utl Truck Motorcycle Body Style 2-Door 4-Door Stationwagon Pick Up Truck
Town Car 3DTE Cartier

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000 Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG Location Left Front Right Rear Failed Part(s) Original Replacement

No of Failures 3 Date(s) of Failure(s) 27-FEB-2002 Mileage at Failure(s) 17500 Vehicle Speed at Failure(s) _____
Air Bag light remained on 3 different times
Failed Part(s) Yes No NHTSA Previously 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 Yes No Fire Yes No Number of Persons Injured _____ Number of Fatalities _____ Estimated Property Damage _____ Reported to Police Yes No

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

AIR BAG LIGHT STAYED ILLUMINATED AFTER REPAIRED FOR THIRD TIME. DEALER WAS NOTIFIED, AND REPAIRED A LOOSE WIRE TO AIR BAG SENSOR. PLEASE PROVIDE MORE INFORMATION. *AK Carried car in for AIR BAG LIGHT remaining on like my book said to do. I picked car up on 6 Mar 02. The next day the light was on again. I returned car SECOND TIME. One of sales men couldn't understand why I was upset. Again I picked my car up thinking it wouldn't happen again. On 5 June CAR back because of AIR BAG LIGHT. I want my money back! I am afraid of this car. I do travel a lot by myself and I do want this car*

CONTINUE ON BACK IF NEEDED

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

replaced with my money back. Air Bags are dangerous and can also be a life saver- I do expect assistance with my situation. Seems like my safety is not being considered.

Also back part of driver seat will not stay on after repair.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS,
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

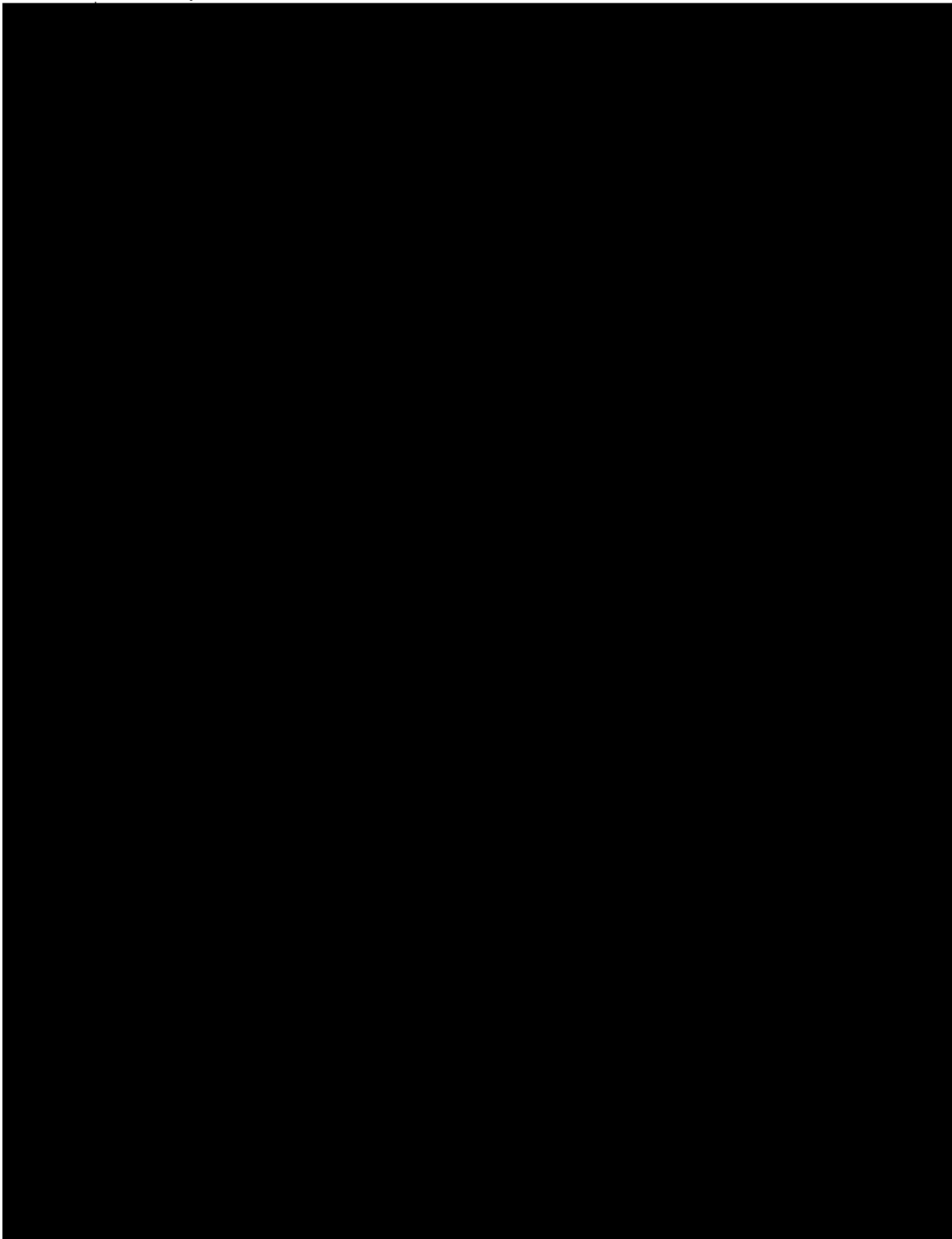
DOT Auto Safety Hotline
(DASH) 2 DOT

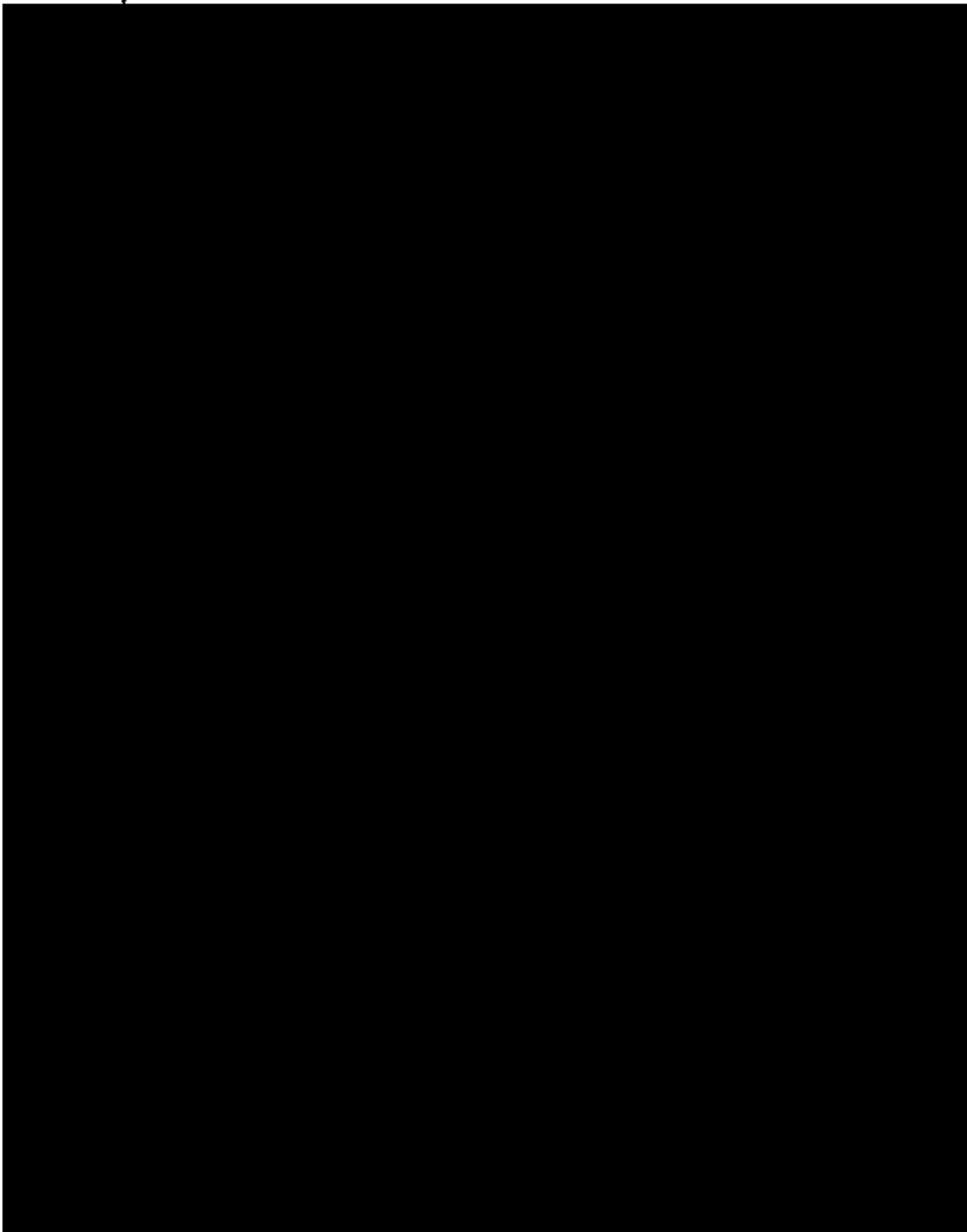


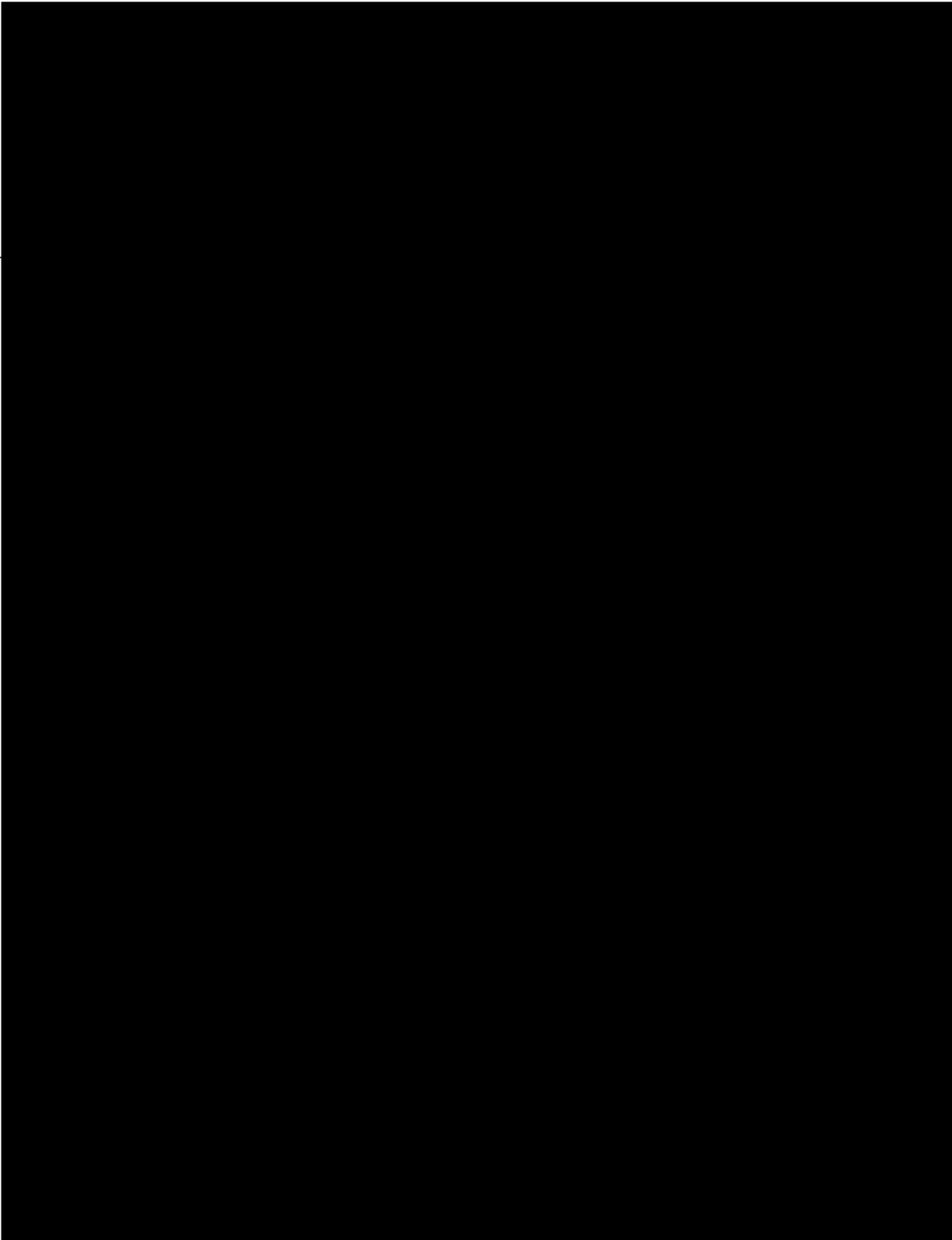
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National Highway Traffic Safety
Administration
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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA),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

(Page 1 through Page 15)







the 1990s, the number of people with a mental health problem has increased in the UK (Mental Health Act 1983, 1990).

There is a growing awareness of the need to address the needs of people with mental health problems in the community. This has led to the development of a range of services, including community mental health teams, crisis teams, and day care centres.

The aim of this paper is to describe the development of a community mental health team in a large city in the UK.

The paper is organized as follows. First, we describe the background to the development of the team.

Next, we describe the development of the team, including the recruitment of staff and the development of services.

Finally, we discuss the implications of the development of the team for the future of community mental health services.

The paper is based on a review of the literature and on interviews with staff and service users.

The review of the literature was carried out using the following search strategy:

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