



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

25-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8012520

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) (Location at bottom of windshield and driver's side)		Vehicle Make LINCOLN	Vehicle Model TOWN CAR	Vehicle Year 1989	Current Odometer Reading
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 13-JUN-2002 Mileage at Failure(s) 192000 Vehicle Speed at Failure(s) _____	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 Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE MAKING A TURN AT 10 MPH CONSUMER RAN THROUGH A MEDIUM AND SEAT BELTS NEVER LOCKED IN PLACE, PASSENGER ALMOST WENT THROUGH THE WINDSHIELD.*AK

COPIES OF REPORTS ARE KEPT

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 Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline 1-888-645-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 798 Date Received 25 JUN 2002 Office Defects Investigation Reference No. 8072520	
OWNER INFORMATION (Type or Print) 760704 Chesapeake VA		Home Number Work Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO In the absence of a signature of owner, your name and address to the vehicle manufacturer. Signature of Owner Date 7/8/2002			
VEHICLE INFORMATION Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's side) 1LN6M81F2KX664936 Vehicle Make LINCOLN Vehicle Model TOWN CAR Vehicle Year 1989 Current Odometer Reading 190,000			
Purchase Date 7-28-1989 Dealers Name REEDMAN State VA City Manassas Zip Code 20108			
Transmission Type ☒ Automatic ☐ Manual Antilock Brakes ☒ Yes ☐ No Restraint System ☒ 3-Point Belt ☐ 2-Point Belt ☐ Driver's Side Airbag ☐ Passenger's Side Airbag Cruise Control ☒ Yes ☐ No Drive Train ☒ Front ☐ Rear ☐ 4-Wheel Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Motorcycle ☐ Other Body Style ☒ 4-Door ☐ 2-Door ☐ Station Wagon ☐ Pick Up ☐ Truck			
FAILED COMPONENT(S) INFORMATION Component 12240000 Part Name(s) INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS Location ☒ Left ☐ Right ☐ Front ☐ Rear Failed Parts ☒ Original ☐ Replacement Date(s) of Failure(s) 19-JUN-2002 Mileage at Failure(s) 192000 Vehicle Speed at Failure(s) Approximately 10 MPH No of Failures 1 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 1 Number of Fatalities 0 Estimated Property Damage 0 Reported to Police ☒ Yes ☐ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE MAKING A TURN AT 10 MPH CONSUMER RAN THROUGH A MEDIUM AND SEAT BELTS NEVER LOCKED IN PLACE, PASSENGER ALMOST WENT THROUGH THE WINDSHIELD. *AK			
CONTINUE ON BACK IF NEEDED			

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