



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** 1367

Date Received

26-JUN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8012710

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		
1LNHM82W51Y697834	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 type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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 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 06420000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID	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) 21-JUN-2002 Mileage at Failure(s) 3000 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)**

VEHICLE WAS AT A COMPLETE STOP, THERE WAS SUDDEN ACCELERATION. VEHICLE LUNCHED FORWARD. HAD TO SLAM ON BRAKES, AND PUT VEHICLE IN NEUTRAL TO STOP.\*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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1367	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] [Redacted] 761142 MELBOURNE FL [Redacted]		Date Rec'd <b>RECEIVED</b> 02 JUN 2002 26-JUN-2002 OFFICE DEFECTS INVESTIGATION Reference No. 8012710 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		Date <u>7/5/2002</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of dashboard or driver's side)	Vehicle Make	Vehicle Mode	Vehicle Year
1LNHM82W51Y697834	LINCOLN	TOWN CAR	2001
Current Odometer Reading			
4028			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
1/24/02	ISLAND LINCOLN MERCURY INC.	4.6L	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>MERRITT ISLAND</u> State <u>FL</u> Zip Code <u>32952</u>	No. Cylinders <u>8</u>	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectic
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
06420000	FUEL THROTTLE LINKAGES; ACCELERATOR; RIGID	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	21-JUN-2002 Mileage at Failure(s) <u>APPROX 3800</u> Vehicle Speed at Failure(s) <u>STOPPED</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NONE	NONE
Estimated Property Damage	Reported to Police		
NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WAS AT A COMPLETE STOP, THERE WAS SUDDEN ACCELERATION. VEHICLE LUNCHED FORWARD. HAD TO SLAM ON BRAKES, AND PUT VEHICLE IN NEUTRAL TO STOP. *AK WHILE STOPPED IN MY LINCOLN TOWN CAR WAITING TO MAKE A LEFT HAND TURN, WITH THE CAR IN DRIVE, AND MY FOOT ON THE BRAKE PEDAL, SUDDENLY THE ENGINE REVVED UP VERY HIGH. THE VEHICLE STARTED TO LUNGE FORWARD, WHEELS SPINNING AND TIRES			
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 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.			

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

SQUEALING. I TRIED TO CONTROL THE CAR SO THAT IT WOULD NOT RUN INTO ON COMING TRAFFIC. I PRESSED HARDER ON THE BRAKE PEDAL AND FINALLY SHIFTED TO NEUTRAL. I HEARD A "LOUD POP" IN THE ENGINE COMPARTMENT AND THE VEHICLE STOPPED ITS RUN-AWAY MODE. AFTER THE INCIDENT, THE CAR BEHAVED NORMALLY. THE CAR WAS TAKEN TO THE DEALER ON JUNE 24, 2002, BUT THE PROBLEM WAS NOT FOUND OR DUPLICATED. THE VEHICLE WAS RELEASED TO ME ON JUNE 27, 2002, AFTER THE DEALER CALLED THE FORD HOTLINE AND RECEIVED NO SUGGESTIONS.



7/5/02

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

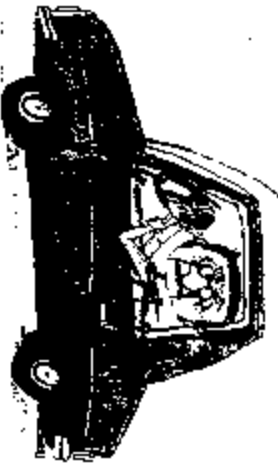
Official Business Penalty for Private Use \$300



**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



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
<http://www.nhtsa.dot.gov/hotline>



DOT Auto Safety Hotline  
(DASH) 2 DOT

**1-888-DASH-2-DOT**  
**1-888-327-4236**

**DASH2DOT**  
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DOT AUTO SAFETY HOTLINE**

**QUESTIONNAIRE**



**VEHICLE  
OWNER'S**