



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 150	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
03-MAR-2000	Reference No. 857874

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make LINCOLN	Vehicle Model TOWN CAR	Vehicle Year 1996	Current Odometer Reading		
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type <input type="checkbox"/> Manual <input 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 Belt <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 Ult <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 09500000	Par. Name(s) COMMUNICATIONS:HORN ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

IN COLD TEMPERATURE HORN PAD WILL BECOME VERY STIFF AND HARD ,MAKING IT DIFFICULT FOR DRIVER TO SOUND HORN. *AK

CONTINUED ON BACK PLEASE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 160</p> <p>Date Received <u>03-MAR-2000</u></p> <p>OFFICE DEFECTS INVEST</p>		<p>160</p> <p>Od_or _____ rt_dt _____ od_r04 _____ up_itr _____</p>							
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 593480</p>				<p>Work Number [Redacted]</p> <p>Home Number [Redacted]</p>		<p>Region No. 857874</p>							
<p>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</p> <p>In the absence of [Redacted] ALL NOT provide your name and address to the vehicle manufacturer.</p>				<p>Signature of Owner [Redacted]</p> <p>Date <u>3/19/00</u></p>									
<p align="center">VEHICLE INFORMATION</p>													
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p><u>1LNLM8JWXTY651784</u></p>		<p>Vehicle Make</p> <p><u>LINCOLN</u></p>		<p>Vehicle Model</p> <p><u>TOWN CAR</u></p>		<p>Vehicle Year</p> <p><u>1996</u></p>		<p>Current Odometer Reading</p> <p><u>75,000</u></p>					
<p>Purchase Date</p> <p><u>1-31-98</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name <u>Bolingbrook L-M</u></p> <p>City <u>Bolingbrook</u> State <u>IL</u> Zip Code <u>60440</u></p>			<p>Engine Size (CUBIC IN.) <u>4</u></p> <p>No Cylinders <u>8</u></p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>						
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Drive Train</p> <p><input 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><input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> 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 <input type="checkbox"/> Other</p>	
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>													
<p>Component</p> <p><u>69500000</u></p>		<p>Part Name(s)</p> <p><u>COMMUNICATIONS:HORN ASSEMBLY</u></p>			<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>						
<p>No of Failures</p>		<p>Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p>			<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p align="center">APPLICATION INCIDENT INFORMATION</p> <p>(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 checked="" type="checkbox"/> No</p>			
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>													
<p>IN COLD TEMPERATURE HORN PAD WILL BECOME VERY STIFF AND HARD, MAKING IT DIFFICULT FOR DRIVER TO SOUND HORN. *AK</p> <p>on a recent trip to Wausau, WI my wife could not depress the horn pad when it was needed. Temperature in the 30's. We've mentioned this to two different dealers. They have no service bulletins nor recalls on this. It's dangerous!</p>													
<p align="right">CONTINUE ON BACK IF NEEDED</p>													
<p>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.</p>													