

U.S. Department  
of TransportationNational 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 118

Date Received

30-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

859433

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>(located at front of windshield on drivers side)</small><br><b>1LNFM97V7WY704352</b> | Vehicle Make<br><b>LINCOLN</b> | Vehicle Model<br><b>CONTINENTAL</b> | Vehicle Year<br><b>1998</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                              |                                                                                                                   |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>06400000</b> | Part Name(s)<br><b>FUEL-THROTTLE LINKAGES AND CONTROL</b>                                                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures               | Date(s) of Failure(s) <u>06-JUN-1998</u><br>Mileage at Failure(s) <u>500</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

INTERMITTENTLY WHEN COMING STOP VEHICLE SURGED, CAUSING IT TO CONTINUE TRAVELING. VEHICLE WAS TAKEN TO THE DEALERSHIP. DEALER WAS NOT ABLE TO DETERMINE WHAT WAS CAUSING THIS PROBLEM. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

CONTINUED ON BACK (11888)

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.

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Data Received

30 MAY -2 PM 3:20  
30-MAR-2000OFFICE  
DEFECTS INVESTIGATIONOd\_or  
rt\_dh  
bd\_r  
up\_ltr

Reference No.

859433

## OWNER INFORMATION (Type or Print)

598776

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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 4/17/2000

## VEHICLE INFORMATION

|                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    |                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br>(Located at bottom of<br>windshield on driver's side)                                                             | Vehicle Make                                                                                                | Vehicle Model                                                                                                                                                                                                                                        | Vehicle Year                                                                                                                                                                                       | Current Odometer Reading                                                                                       |
| 1LNFM97V7WY704352                                                                                                                             | LINCOLN                                                                                                     | CONTINENTAL                                                                                                                                                                                                                                          | 1998                                                                                                                                                                                               | 5,800                                                                                                          |
| Purchase Date                                                                                                                                 | Dealer's Name <u>North East Florida Lin/Mer.</u>                                                            |                                                                                                                                                                                                                                                      | Engine Size<br>(CID/CC/L)                                                                                                                                                                          | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas   |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                         | City <u>Jax</u>                                                                                             | State <u>FL</u>                                                                                                                                                                                                                                      | No Cylinders <u>8</u>                                                                                                                                                                              | <input checked="" type="checkbox"/> Fuel Injection                                                             |
| Transmission Type                                                                                                                             | Antilock Brakes                                                                                             | Restraint System                                                                                                                                                                                                                                     | Cruise Control                                                                                                                                                                                     | Drive Train                                                                                                    |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                              | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                      | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                  | <input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type                                                                                                                                  | Body Style                                                                                                  |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    |                                                                                                                |
| <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport/UTV<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |                                                                                                                                                                                                                                                      | <input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |                                                                                                                |

## FAILED COMPONENT(S)/PART(S) INFORMATION

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|-----------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06400000 | Part Name(s)<br>FUEL THROTTLE LINKAGES AND CONTROL                                                                | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br>5   | Date(s) of Failure(s) <u>06-JUN-1998</u><br>Mileage at Failure(s) <u>500</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                 | NHTSA Previously<br>Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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CONTINUE ON BACK IF NEEDED

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