

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 125

Date Received

19-APR-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

860579

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1LNLM82W7PY687180	LINCOLN	TOWN CAR	1993	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 12420000	Part Name(s) INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	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
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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
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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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE CHECK LIGHT REMAINS ILLUMINATED, INDICATING A MALFUNCTION WITHIN THE SYSTEM, CAUSE UNKNOWN. DEALER CANNOT IDENTIFY THE PROBELM. PLEASE GIVE ANY FURTHER DETAILS.

*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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 125	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received: 19-APR-2000 OFFICE DEFECTS INVESTIGATION Reference No. 860579	
[Redacted]		Work Num [Redacted] Home Num [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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 _____ Date _____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1LNLM82W7PY667180	LINCOLN	TOWN CAR	1993
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	Republic Motors	No Cylinders _____	
	City Wash State DC Zip Code 20002		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Drive Train
			<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
			Vehicle Type
			<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			Body Style
			<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
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
12420400	INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		
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		
		Estimated Property Damage	Reported to Police
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ENGINE CHECK LIGHT REMAINS ILLUMINATED, INDICATING A MALFUNCTION WITHIN THE SYSTEM, CAUSE UNKNOWN. DEALER CANNOT IDENTIFY THE PROBELM. PLEASE GIVE ANY FURTHER DETAILS. <i>*AK self Lincoln Powell Auto Repair cant fix Enginelight my safety is at risk, my passengers safety and the lives of others will stay at risk while this problem indicator does not function properly. Lincoln Powell is to blame. I need qany help from U.S. to protect my safety and recover lost money spent on Repair work that produces zero Results. My car needs to Repair. I dont think Lincoln Powell cleaned EGR. Passan wagon fuel. please help.</i>			
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.			

4700 BRADY AVE., WASHINGTON HEIGHTS, OHIO 43128

WILSON POWELL LINCOLN MERCURY

DARCAR'S

Thank You!

ADVISOR DR. GEORGE TIPPLET, SERVICE DIRECTOR.
TO YOUR COMPLETE SATISFACTION, PLEASE CONTACT YOUR SERVICE
TECHNICIAN FOR YOUR PATRONAGE, IF WE HAVE NOT SERVED YOU

CASH #	1	104.85
CHECK #	1	0.00
CASH I	1	0.00
VISA I	1	0.00
M/C I	1	0.00
PAYMENT DATE	11/18/99	0.00

CASHIER	1	0.00
W/C	1	0.00
A/E	1	0.00
DISCOVER	1	0.00
DINNERS	1	0.00

TOTAL INVOICE \$	104.85
TOTAL TAX	0.00
TOTAL MISC CHG	0.00
TOTAL G.O.G.	0.00
TOTAL SUBLET	0.00
TOTAL PARTS	0.00
TOTAL LABOR	104.85

RECOMMENDATIONS:
 VEHICLE NEEDS DEFE SENSOR, R&R UPPER INTAKE CLEAN EGR PASSAGES,
 REPLACE MFP SENSOR, KIT AND CONNECTORS TO MFP SENSOR,
 REPLACE PCV TUBE ASSY,
 FUEL INDUCTION SERVICE
 COOLING SYSTEM FLUSH

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
 ORIGINAL ESTIMATE OF \$105.00 (+TAX)

LABOR & PARTS
 #1 04L1Z
 DRIVABILITY
 UNITS: 1.50 TECH(S):1600
 CUST S/S CHECK ENGINE LIFE IS COMING ON ADVISE
 SHDS TEST
 DECLINED REPAIRS
 JOB # 1 TOTAL LABOR & PARTS 104.85

INVOICE NO.	11/18/99	11/18/99	11/18/99
STOCK NO.	439	2144	92542
DELIVERY DATE	11/18/99	11/18/99	11/18/99
VEHICLE MAKE / MODEL	93/LINCOLN/TOWN CAR/4 DOOR SEDAN	93/LINCOLN/TOWN CAR/4 DOOR SEDAN	93/LINCOLN/TOWN CAR/4 DOOR SEDAN
VEHICLE ID	1 N M 2 7 Y B 1 0	1 N M 2 7 Y B 1 0	1 N M 2 7 Y B 1 0
SALES DEPT. NO.			
PRODUCTION DATE			
CROSS REFERENCE TO			

A LIFETIME SUBSCRIPTION TO SATISFACTION

"DARCAR'S"

