

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 252

Date Received

23-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

864173

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
10NOMA1W2RY756376	LINCOLN	TOWN CAR	1994	

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> 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 type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
09216000	LIGHTING LAMP OR SOCKET/OTHER PART LIGHTING SYSTEM	<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 0	Date(s) of Failure(s) 19-JUN-2000 Mileage at Failure(s) 10500 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)

THE CONSUMER STATED THAT THE VEHICLE WAS PARKED. WHEN SHE APPROACH THE VEHICLE THE WINDOW WERE SO SMOKED UP THAT SHE COULDN'T SEE ANYTHING THE VEHICLE WAS ON FIRE. THE FIRE DEPARTMENT CAME OUT. THE FIREMEN TOLD THE CONSUMER THAT THE FIRE STARTED FROM THE DOME LIGHT FAULTY WIRING.

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.



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FOR AGENCY USE ONLY 252

Date of Failure (ET) _____
00 JUL 25 AM 11:30
23 JUN 2000
OFFICE
EFFECTS INVESTIGATION

Od_or _____
st_dt _____
od_rt _____
up_ltr _____

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Reference No. 864173
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 _____ your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 7/12/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of hood/hood on driver's side) 1LNLM8RW2RY756376
Vehicle Make LINCOLN
Vehicle Model TOWN CAR
Vehicle Year 1994
Current Odometer Reading 184853.5

Purchase Date 10-30-96
Dealer's Name PREMIER FORD INC.
City Bklyn State NY Zip Code 11234
Engine Size 5.0L Turbo Diesel Gas Fuel Injection
No Cylinders 8

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Util Van Truck Minivan Motorcycle Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09313006
Part Name(s) LIGHTING:FUSE:COURTESY LIGHTS
Location Left Right Front Rear
Failed Part(s) Original Replacement

No of Failures 0
Date(s) of Failure(s) 19-JUN-2000
Mileage at Failure(s) 18900
Vehicle Speed at Failure(s) 0
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? 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 0
Number of Fatalities 0
Estimated Property Damage \$ 2,200
Reported to Police Yes No

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

VEHICLE WAS PARKED. WHEN CONSUMER APPROACHED VEHICLE WINDOWS WERE FOGGED UP, AND CONSUMER COULDN'T SEE THAT VEHICLE WAS ON FIRE. FIRE DEPARTMENT CAME AND EXTINGUISHED THE FIRE. FIREMEN TOLD CONSUMER THAT FIRE STARTED FROM DOME LIGHT FAULTY WIRING. *AK
The alarm system did not sound, all doors locked would not open, except for trunk. If someone was inside car at the time they would have been trapped.

CONTINUE ON BACK IF NEEDED

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estimate



CONCORD AUTO BODY, INC.
712 3rd Avenue
BROOKLYN, NEW YORK 11232
(718) 768-6000

\$100.00
#632

NAME: [REDACTED] PHONE: [REDACTED] DATE: 06/21/00
STREET: [REDACTED] CITY: [REDACTED]

YEAR: 94 COLOR: MAKE: *Dodge* MODEL: *Tune*
REGISTRATION NO. SERIAL NO. ODOMETER ESTIMATE PREPARED BY
INSURANCE CO. ADJUSTOR

REPLACE	REPAIR	DESCRIPTION	PARTS	LABOR	REFINISH	SUBLET
✓		interior				
✓		head liner				
✓		sun visor				
✓		R.H. pass. seat				
		wash & clean				
		the car				
		panels for roof				
TOTALS						1700.00

The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

AUTHORIZATION FOR REPAIR. You are hereby authorized to make the above repairs:

SIGNATURE: [REDACTED]
DATE: 6/6-00

TOTAL PARTS	\$	
TOTAL LABOR	\$	
TOTAL REFINISH	\$	
TOTAL SUBLET	\$	
TAX	\$	140.25
TOTAL	\$	1,840.25

ACCT. NO. _____

**NEW YORK VEHICLE
RETAIL INSTALMENT CONTRACT**

DATE 10/30/96

Buyer (and Co-Buyer) Name and Address (Include County and Zip Code)

CREDITOR (Seller Name and Address)

**PREMIER FORD, INC.
4901-35 KINGS HWY.
BROOKLYN**

NY 11234

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price". The credit price is shown below as "Total Sale Price". By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

New or Used	Year and Make	Model	Body Style	No. Cyl.	If Truck, GVW (lbs.)	Vehicle Identification Number	Use For Which Purchased
USED	94 LINCOLN	TOWN CAR	4DR SDN	8		1LNLM81N2RY756376	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> _____

INCLUDING: Radio Air Conditioner Automatic Transmission Power Steering _____

TRADE-IN: _____ Year and make \$ _____ N/A Gross Allowance \$ _____ N/A Amount Owing

ITEMIZATION OF AMOUNT FINANCED

(1) Cash Price		\$ <u>21,543.00</u> (1)
(2) Down Payment		
Cash Down Payment	\$ <u>4,500.00</u>	
Manufacturer's Rebate Assigned To Creditor	\$ <u>N/A</u>	
Trade-in (Description Above)	\$ <u>N/A</u>	
Total Down Payment		\$ <u>4,500.00</u> (2)
(3) Unpaid Balance of Cash Price (1 minus 2)		\$ <u>17,143.00</u> (3)
(4) Amounts Paid on Your Behalf		
To Public Officials (i) for license, title & registration fees \$ <u>N/A</u> ;		
(ii) for official fees \$ <u>N/A</u> ;		
(iii) for taxes (not in Cash Price) \$ <u>1,772.84</u>	\$ <u>1,772.84</u>	
To Insurance Companies for		
Credit Life Insurance	\$ <u>N/A</u>	
Credit Disability Insurance	\$ <u>N/A</u>	
_____	\$ <u>N/A</u>	
To _____ for _____	\$ <u>N/A</u>	
To _____ for _____	\$ <u>N/A</u>	
To _____ for _____	\$ <u>N/A</u>	
Total		\$ <u>1,772.84</u> (4)
(5) Amount Financed (3 plus 4)		\$ <u>18,915.84</u> (5)

Amount Financed (The amount of credit provided to you or on your behalf) \$ 18,915.84

FINANCE CHARGE (The dollar amount the credit will cost you) \$ 12,160.62

ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate) 23.95 %

Total of Payments (The amount you will have paid when you have made all scheduled payments) \$ 31,076.46

Payment Schedule — Your payment schedule will be:

<input checked="" type="checkbox"/>	Number of Payments	Amount of Each Payment	When Payments are Due
	<u>53</u>	\$ <u>575.49</u>	monthly starting
	1 Final	\$ <u>575.49</u>	<u>11/29</u> 19 <u>96</u>
<input type="checkbox"/>			

Total Sale Price (The total price of your purchase on credit, including your downpayment of \$ 4500.00) \$ 35,576.46

Prepayment: You may be entitled to a refund of part of the Finance Charge if you pay off your debt early.

Late Payment: You must pay a late charge on the portion of each payment received more than 10 days late. The charge is 7.5 percent of the late amount or \$50.00, whichever is less.

Security Interest: You are giving a security interest in the vehicle being purchased.

Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date and prepayment refund.

Credit and Other Optional Insurance:

CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM

Credit Life Insurer Insured(s) \$ N/A Premium Signature(s)

Credit Disability Insurer Insured \$ N/A Premium Signature

Credit Life and Credit Disability Insurance are for the term of the contract. The amount and coverages are shown in a notice of agreement given to you on this date.

Type of Insurance Insurer Term \$ N/A Premium Signature

PREFERRED PAYMENT PLAN

PARTICIPATION IN THE PREFERRED PAYMENT PLAN, DESCRIBED BELOW, IS OPTIONAL AND IS NOT REQUIRED TO OBTAIN CREDIT. COMPLETE AND SIGN THE FOLLOWING SECTION ONLY IF YOU WANT TO PARTICIPATE IN THE PREFERRED PAYMENT PLAN.

We hereby request and authorize Ford Motor Credit Company ("Ford Credit") to initiate withdrawals from the checking account named below as agreed between Ford Credit and the bank named below, or to draw by electronic funds transfer from the checking account named below funds payable to Ford Credit. This authorization covers the schedule of payments or other amounts due as described in this contract. This authorization may be canceled at any time by Ford Credit. We may cancel this authorization by providing Ford Credit written notice and such notice shall be effective five (5) days after receipt.

Bank Name N/A

Complete If The Bank Account Is In Name Other Than Buyer's. (Also Use If Bank Account Includes Name In Addition To Buyer's.)

Bank Address N/A

Bank Account Owner's Name N/A

N/A

Bank Account Owner's Social Security Number N/A

Bank Account Number N/A

Bank Account Owner's Signature

Buyer's Signature

NOTE: Please attach a sample of your check with "VOID" written on it.

NOTICE TO THE BUYER:

- 1. Do not sign this contract before you read it or if it contains any blank space. 2. You are entitled to a completely filled in copy of this contract when you sign it. 3. Under the law, you have the following rights, among others: (a) To pay off in advance the full amount due and to obtain a partial refund of the credit service charge; (b) To redeem the property if repossessed for a default; (c) To require, under certain conditions, a resale of the property if repossessed. 4. According to law you have the privilege of purchasing the insurance on the motor vehicle provided for in this contract from an agent or broker of your own selection.

Buyer acknowledges receipt of a true and completely filled in copy of this contract at the time of signing.

RETAIL INSTALMENT CONTRACT

SELLER ERROL BROWN

(Co) Buyer Signs BRONN MYRTLE

SEE BACK FOR ADDITIONAL AGREEMENTS

By signing below, the Seller accepts this contract. If no other Assignee is named in a separate assignment attached to this contract, the Seller assigns it to Ford Motor Credit Company under the Assignment on the back of this contract.

Seller PREMIER FORD, INC.

Signature Title