

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

23-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

864366

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
2LNBM821DJY75070	LINCOLN	TOWN CAR	1988	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflation Bell <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 Util Truck <input type="checkbox"/> Motorcycle	<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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06420000	Part Name(s) FUEL THROTTLE LINKAGE; 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
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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? Yes No	NHTSA Previously Contacted? Yes 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 checked="" type="checkbox"/> Yes <input 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)

WHILE PARKED IN DRIVEWAY VEHICLE RAPIDLY SURGED BACKWARDS, AND THEN SUDDENLY ACCELERATED INTO THE GARAGE DOOR. CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.*AK

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.

OWNER INFORMATION (Type or Print)

RECEIVED

Reference No.

864366

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an answer, we will use your name and address to the vehicle manufacturer.

Signature of Owner

Make Number
Home Number

RECEIVED INVESTIGATION

VEHICLE INFORMATION

Vehicle Identification Number (located on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2LN8M8210JY75070	LINCOLN	TOWN CAR	1988	32,057

Purchase Date	Dealer's Name	Engine Size (CID/CYL)	Turbo Diesel Gas Fuel Injection
1988	CREST LINCOLN MERCURY		<input checked="" type="checkbox"/> Gas
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: NEW HAVEN State: CT Zip Code:	No Cylinders: 8	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" 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"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<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)
06420000	FUEL:THROTTLE LINKAGE:ACCELERATOR:RIGID	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	MAY 7 2000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s): 32,057		
	Vehicle Speed at Failure(s): STOPPED		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash	Fre	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			20,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE PARKED IN DRIVEWAY VEHICLE RAPIDLY SURGED BACKWARDS, AND THEN SUDDENLY ACCELERATED INTO THE GARAGE DOOR. CAUSE UNKNOWN. PLEASE GIVE ANY FUTHER DETAILS. *K CALLED CREST LINCOLN MERCURY & WAS TOLD THEY NEVER OF ANY PROBLEMS WITH THE LINCOLN, & YET THE INTERNET HAS PAGES OF SUCH INCIDENTS, WE NEVER HAD A RECALL WHO IS GOING TO ACCEPT RESPONSIBILITY FOR THESE ACCIDENTS? WE WILL NOT DRIVE THE CAR UNTIL FORD GIVES A REASON FOR THE ACCIDENT. THEY ARE RESPONSIBLE.

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

RECEIVED
INVESTIGATION
MAY 29 11:09

PROPOSAL & PURCHASE AGREEMENT



ADVANCED OVERHEAD DOOR

29 FLAX MILL ROAD, BRANFORD, CT. 06405 • (203) 488-6550
 FAX • (203) 483-0187

Date 6/26/00

	Job Location	SAME
	Tel. No.	
(2) Doors Decade II Manufactured by The Raynor Door Corporation, Brown New tracks + Springs Inside lock Full outside weatherseal Rehook electric operator		\$1,070.00
Haul old Doors away-		\$50.00
Total Replacement Cost		\$1,120.00
PLEASE SIGN AND RETURN ONE COPY TO US. A DEPOSIT OF _____ IS REQUIRED. THANK YOU FOR THE OPPORTUNITY TO QUOTE THIS PROJECT.		

Painting, electric wiring, preparation of the opening, jambs or pads not included unless mentioned above.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control.

ADVANCED OVERHEAD DOOR

Authorized Signature _____

TERMS: Payment of the total amount, as shown, is due to ADVANCED OVERHEAD DOOR 30 days after delivery of items listed. A delinquent charge of 1.2% per month will be charged on all unpaid balances after due date. This sale is made in reliance upon the joint and several liability of the corporation(s) and/or individual(s) signing. In the event a receiver of property be applied for or appointed, or a petition in bankruptcy to be filed by or against, or a general assignment for the benefit of creditors be made by any of the said corporation(s) and/or individual(s), the entire unpaid balance, together with interest due thereon, shall become immediately due and payable at the option of ADVANCED OVERHEAD DOOR. In the event this obligation is referred to an attorney for collection, a reasonable attorney's fee shall be added to the principal and delinquency charge due hereon.

Acceptance of Proposal — The prices, specifications and conditions are satisfactory and are hereby accepted. Payment will be made as outlined unless otherwise noted.

Buyer _____

Authorized Signature _____

Date of acceptance _____



A&E GLASS COMPANY

559 Orange Avenue • West Haven, CT 06516
(203) 937-4527 • Fax (203) 937-9869 • Toll Free 1-800-201-4017
24 Hr Emergency Service • Free Estimates • Fully Insured • Senior Discounts

RESIDENTIAL • COMMERCIAL

TAX ID : 06-1385588

ESTIMATE

TIME : 14:07:18

DIST.	CONTACT
OPENING DATE:	06-30-200
INVOICE DATE:	06-30-200
WORK ORDER:	E005144
POLICY NO.:	
EXPIRY DATE:	
DATE OF DAMAGE:	

CUSTOMER CODE	2039346946	ESTIMATE	E005144	PURCHASE ORDER	
MAKE	YEAR	MODEL	REGISTRATION NO.	SERIAL NUMBER	
CUSTOMER CODE	QUANTITY	UNIT NO.	DETAILS OF CLAIM:		
CUSTOMER CODE	CUSTOMER NAME			CLAIM NO.:	
				AUTHORIZATION:	

SUPPLIER: PURCHASE ORDER NO.:

DESCRIPTION	QUANT	ITEM CODE	MATERIAL	LABOR
REINSTALL WINDOWS, NEW PANELS AND MOLDINGS. INSTALL CUSTOM SIZE PATIO DOOR	1			
TOTAL				3534.9

PAYMENT:	NO. OF HOURS	TOTAL	2.50	3534.9
CREDIT CARD NO.	EXP. DATE	HOURLY RATE	TAX	2.50 625.2
I hereby authorize and empower the above-named insurance company to pay this invoice in full settlement, satisfaction and discharge of all loss under the above policy. Upon such payment, all rights I may have for claim and demand for loss and damage described above against the above named insurance company shall be thereby forever discharged. In the event that the above named insurance company does not make timely and/or full payment of this invoice according to its terms, I hereby accept responsibility for such payment and agree to pay all charges reflected on this invoice to the above named glass company subject to and according to all terms and conditions on this invoice.			SUB-TOTAL	3502.9
An administration charge of 1.5 % per month (18.0 per annum) shall be added to all invoices unpaid after 30 days.			TOTAL	\$ 3668.0
I hereby acknowledge the satisfactory completion of above described work/size that I have received. A & E Glass is not responsible for any small particles of glass or metal left in car or home, nor for any glass broken after it is set and leaves our control. Please be careful.				
NO REFUNDS • STORE CREDIT ONLY • RECEIPT REQUIRED				

BRANCH	INVOICE NO	SALES PERSON	CUSTOMER'S SIGNATURE	DRIVER'S LICENSE NO	INSURED	OTHER
	E005144	3				
THIS NO. MUST APPEAR WITH YOUR REMITTANCE						

OFFICE COPY



First General Services

Insurance Repair Specialist
125 State Street
North Haven, CT 06473
(203) 239-7747 Fax (203) 239-3866

INVOICE

INVOICE NO: 1389

DATE: July 31, 2000

To:



Claim #

ESTIMATOR	EST. NUMBER		TERMS
Joe	10470		30 Days

DATE	DESCRIPTION	AMOUNT
5/12/00	Emergency Services Activation 2 Men 4 Hours @ \$35.00/hr. Swept/cleaned/carted away all debris from vehicle damage	\$280.00
	SUB TOTAL	\$280.00
	OVERHEAD & PROFIT	\$58.80
	TAX	
	TOTAL DUE	\$338.80

Make all checks payable to: First General Services
If you have any questions concerning this invoice, call: (203) 239-7747.

THANK YOU FOR YOUR BUSINESS!

WE NOW ACCEPT VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS