

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

130

Date Received

18-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

868127

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
1LNLM9844NY677005	LINCOLN	CONTINENTAL	1997	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input 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 Utility 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 05150020	Part Name(s) ENGINE:GASKET	Location	Failed Part(s)
		<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) _____ Mileage at Failure(s) 36000 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

3.86 LITER ENGINE , 6 CYLINDER, HEAD GASKET HAS BLOWN POSSIBLY CAUSING OTHER RELATED DAMAGE. PLEASE PROVIDE FURTHER INFORMATION.

CONTINUED 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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**Vehicle Owner's Questionnaire (VOQ)**

FOR AGENCY USE ONLY 160

DATE RECEIVED: 18-SEP-14 AM 11:27  
 OFFICE: DEFECTS INVESTIGATION  
 REFERENCE NO.: 868127

Home Address: [Redacted]  
 Work Number: [Redacted]

**OWNER INFORMATION (Type or Print)**

627674  
 BUFFALO NY 14221

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an owner, please provide the name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 9/16/2000

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): [Redacted] (located at bottom of windshield on driver's side)  
 Vehicle Make: LINCOLN  
 Vehicle Model: CONTINENTAL  
 Vehicle Year: 1992  
 Current Odometer Reading: 36850

Purchase Date: 6-21-97  
 Dealer's Name: CUBICORN LINCOLN-MERCURY  
 City/State/Zip Code: WILLIAMSVILLE NY 14231-0900  
 Engine Size (CID/CYL): 3.8L/6  
 No. Cylinders: 6  
 Turbo:  Diesel:  Gas:  Fuel Injection:

Transmission Type:  Automatic  Manual  
 Antilock Brakes:  Yes  No  
 Restraint System:  3-Point Belt  Motorbelt  Driver's Side Airbag  2-Point Belt  Passenger's Side Airbag  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Truck  Motorcycle  Other  
 Body Style:  2-Door  4-Door  Station Wagon  Pick Up Truck  Other

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

Component: 05150021  
 Part Name(s): ENGINE:GASKETS:VALVE COVER  
 Location:  Front  Rear  Left  Right  
 Failed Part(s):  Original  Replacement

No. of Failures: 7-31-2000  
 Date(s) of Failure(s): 36875  
 Mileage at Failure(s): 36875  
 Vehicle Speed at Failure(s): 35 MILES PER HR.  
 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 Site:  Yes  No  
 Number of Persons Injured: [Redacted]  
 Number of Fatalities: [Redacted]  
 Estimated Property Damage: [Redacted]  
 Reported to Police:  Yes  No

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

3.8L LITER ENGINE, 6 CYLINDER, HEAD GASKET HAS BLOWN OUT, POSSIBLY CAUSING OTHER RELATED DAMAGE. PLEASE PROVIDE FURTHER INFORMATION, IF ANY.

[Redacted]

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CONTINUE ON BACK IF NEEDED

**CUSTOMER INFORMATION**

Name: [Redacted] License No.: 36,575  
 Model: CONTINENTAL Ins. Co.: [Redacted]  
 Serial No.: [Redacted] Appraiser: [Redacted]  
 Address: [Redacted] Zip: [Redacted]  
 Date: 8/8/88

LINE NO.	REPAIR QUANTITY	PART NO.	DESCRIPTION OF REPAIR	MISC.	MECH.	PAINT.	BODY.	MATERIAL.	SUBLET.
1			Replace Head Gaskets						
2			RESURFACE HEADS						
3			INSTALL USED INTAKE GASKETS						
4			REMOVE VALVE COVER GASKETS						
5			CHANGE OIL-FILTER						
6			GLUSH FILL ANTIFREEZE						
7			GLUSH ADJUSTABLE PANTS						
8			REPAIR EMISSION TUBE						
9			+ NEW THERMOSTAT						
10									
11									
12									
13									
14									
15									
16									
17									

**NOTE:**  
 SHOULD CHANGE OIL 2ND TIME  
 WITHIN 5000 MILES PERIOD

TOWING  
 EPA Compliance Surcharge for Hazardous Waste Disposal

Parts Price Subject to Invoice	\$	
Hrs. @ \$	\$	
Hrs. @ \$	\$	
Hrs. @ \$	\$	
Hrs. @ \$	\$	
Mech. Labor	\$	
Hrs. @ \$	\$	
Hrs. @ \$	\$	
Parts	\$	
Sublet	\$	
Subtotal	\$	740.00
Tax	\$	59.20
<b>TOTAL</b>	\$	<b>799.20</b>

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and operation. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs herein. The estimate is a price estimate for the repairs you have authorized. This repair price may be less than the estimate, but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.

Lube  Oil change  Flush Trans.  Flush Diff.  Wash  Polish