

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 241

Date Received

29-SEP-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

871919

 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) (located at front of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1LNFM97V7WY623710		LINCOLN	CONTINENTAL	1998	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag		☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type		Body Style			
☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06420000 03250000 07300000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID BRAKES:HYDRAULIC:ANTI-SKID SYSTEM POWER TRAIN:TRANSMISSION:AUTOMATIC	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 22-SEP-2000 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE COMMENCED TO ACCELERATE AFTER APPLYING BRAKES TO SLOW DOWN, AND REOCCURRED AGAIN AFTER SHIFTING GEAR INTO REVERSE. DEALER WAS NOT NOTIFIED AT THIS TIME. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (REVERSE)

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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Signature of Owner _____ Date ____/____/____

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☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag		☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type		Body Style			
☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

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No of Failures	Date(s) of Failure(s) 22-SEP-2000 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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CONTINUED ON BACK (REVERSE)

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OWNER INFORMATION (Type or Print)

6433319

Reference No.
871919

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OFFICE INVESTIGATION
29 SEP 2004

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

Date 10/14/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)
1LNFM97V7WY623710

Vehicle Make
LINCOLN

Vehicle Model
CONTINENTAL

Vehicle Year
1998

Current Odometer Reading
49,651

Purchase Date
3-29-98

Dealer's Name
California Lincoln-Mercury
City
Budd Lake
State
NJ
Zip Code
07828

Engine Size (cid/cyl)
461/30V
No Cylinders
8
Turbo
☐
Diesel
☐
Gas
☒
Fuel Injection
☐

Transmission Type
☒ Automatic
☐ Manual

Antilock Brakes
☒ Yes
☐ No

Restraint System
☒ 3-Point Belt
☐ Driver's Side Airbag
☐ Passenger's Side Airbag

Cruise Control
☒ Yes
☐ No

Drive Train
☒ Front
☐ Rear
☐ 4-Wheel

Vehicle Type
☒ Car
☐ Van
☐ Minivan
☐ Other

Body Style
☒ 2-Door
☐ 4-Door
☐ Station Wagon
☐ Pick Up Truck
☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

06420000

02600000

02300000

Part Name(s)
FUEL THROTTLE LINKAGE; ACCELERATOR; RIGID
BRAKES; HYDRAULIC; ANTI-SKID SYSTEM
POWER TRAIN; TRANSMISSION; AUTOMATIC

Location
☐ Left
☐ Right
☐ Front
☐ Rear

Failed Part(s)
☒ Original
☐ Replacement

No. of Failures

Date(s) of Failure(s)
22 SEP 2000

Mileage at Failure(s)
40000

Vehicle Speed at Failure(s)
5-10 MPH

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
☐

Number of Fatalities
☐

Estimated Property Damage
☐

Reported to Police
☒ Yes
☐ No

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I stopped my car only by putting it in neutral, within inches of hitting the car in front of me at a red light. This was a potentially life-threatening situation which was out of my control. The air bypass valve was replaced by State College Ford Lincoln Mercury State College, Pa.

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CONTINUE ON BACK IF NEEDED