

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 294

Date Received

30-OCT-2000

Ocd\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

874147

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
1LNHM81W91Y621115	LINCOLN	TOWN CAR	2001	

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 checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input 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 03250000	Par. Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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) 27-OCT-2000 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)

WHEN BRAKES WERE APPLIED UNDER NORMAL CONDITION PEDAL WENT TO THE FLOOR, RESULTING IN EXTENDED STOPPING DISTANCE. DEALER WAS INSPECTING VEHICLE.\*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 284	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Name, Address, City, State, Zip)		Date Received 30-OCT-2000	Od_or rt_dt od_rt up_itr
[Redacted]		651769	Reference No. 874147
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will not address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Date 11/6/2000	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at exterior of windshield on driver's side) 1LNHM81W91Y621115	Vehicle Make LINCOLN	Vehicle Model TOWN CAR	Vehicle Year 2001
Current Odometer Reading 156 MILES		Purchase Date 10-27-2000	
Dealer's Name PACIFIC LINCOLN MERCURY WYNNEWOOD City WYNNEWOOD State PA Zip Code 19096		Engine Size (CID/CC/L) 5 LITRE	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		No Cylinders 8	
<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	
Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	
Cruise Control <input checked="" type="checkbox"/> Yes <input 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		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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 27-OCT-2000 Mileage at Failure(s) 55 MILES Vehicle Speed at Failure(s) 35 MILES PER HOUR	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN BRAKES WERE APPLIED UNDER NORMAL CONDITION PEDAL WENT TO THE FLOOR, RESULTING IN EXTENDED STOPPING DISTANCE. DEALER WAS INSPECTING VEHICLE. *AK WHEN THE AUTO DID STOP, THE BACK WHEELS STARTED TO SPIN AND SMOKED, BUT NO AUTO MOVEMENT. I TURNED OFF THE IGNITION SWITCH. I WAITED ABOUT 10 MINUTES, STARTED THE CAR AND DROVE HOME WHICH WAS LESS THAN ONE MILE I DROVE HOME ABOUT TEN MILES			
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.			



# Pacifico

## LINCOLN-MERCURY

321 E. LANCASTER AVENUE  
 WYNNEWOOD, PA 19096 • P.O. BOX 319  
 PHONE: (610) 896-5800

PROGRAM CODE	AUTHORIZATION NO.
REPAIR 1	
REPAIR 2	COMMITMENT NUMBERS
REPAIR 3	

I ACKNOWLEDGE  
 RECEIPT OF THE  
 PARTS AND LABOR  
 LISTED BELOW X

### DISCLAIMER OF WARRANTIES

The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and further assumes no responsibility for any liability in connection with the sale of said products.

ON JUNE 1978 PRINTED ON RECYCLED PAPER

INVOICE TO: [REDACTED] DELIVER/LEASE INFORMATION -- INVOICE: 436571  
 FACILIA, SALVATORE & MARION

FOR OFFICE USE

TRUCK: 2059 AKA: DRB 205938 INVOICE: QUOTE WAB 2 NR VIN: 1A-HNSJALY620115 LICENSE NUMBER: PA 081294  
 REG: 255881 TRUCKER: WYNN INVOICE: 11/27/88 15-28-88 01 LINCOLN TOWN CAR EXECUTIVE 4DR SON WHITE  
 TRUCKER: 5 WEIGHT: 5000 STICKER: 10691115  
 DATE: REGIN: 10/30/88 DATE: 11/22/88 DATE: INSURANCE: 102786 PRODUCTION: 808798 SOLD: 102798

\*\*\* QUOTE AFTER FINAL BILL \*\*\*

DIAGNOSIS	DESCRIPTION	OPERATION	TECH	HOURS	AMOUNT
01-00	CUSTOMER STATES THEY APPLIED BRAKES AND CAR WOULD NOT STOP. CAR ACCELERATION LIGHTS ON DASH WERE FLICKERING	1265877	003	1.2	12.24
01-00	UNABLE TO VERIFY				
01-01	WHEEL TEST - DIAGNOSIS	12658043	003	1.2	12.24
01-02	WHEEL TEST - DIAGNOSIS	12658044	003	1.2	12.24
01-03	WHEEL TEST - DIAGNOSIS	12658041	003	1.2	12.24
01-04	WHEEL TEST - DIAGNOSIS	12658042	003	1.2	12.24

TECH NOTES: TECH RAN ALL TESTS ON PCM, NO CODES TO SYSTEM. CHECKED FOR BINDING CABLES, CHECKED GROUNDS, CHECKED BRAKE PEDAL AND ACCELERATOR CABLE, NO PROBLEMS FOUND AT THIS TIME. TECH CALLED MOTLINE, TECH DROVE VEHICLE HOME SEVERAL MILES TO ATTEMPT TO VERIFY PROBLEM, TECH HAD ADVICE TO GET FEE INVOLVED. TECH DROVE VEHICLE 2.5 MILES, CHECKED FOR DISCONNECTED BUNDLE CABLES, NONE FOUND, PERFORMED SELF CHECKS. SYSTEMS PASS. JUDGE REVELL USE ECOSPHERE RATION DETERMINED THAT VEHICLE IS COMMERCIALY ACCEPTABLE.

FACTORY: [REDACTED]

01-04 PAID CODE: 013

*Tom Flynn*  
*Sales Man*

01-04 PAID CODE: 013

GRAND TOTALS

LAB-MECHANICAL	126.60	TOTAL CHARGE FOR CONSUMER	126.60
TOTAL CHARGE	126.60	PAYMENT INFORMATION FOR INVOICE 436571	
		TOTAL CHARGE	126.60
		PAID WARRANTY	126.60

PRINTED 1 TIME

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 LAST PAGE

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