

 <b>DOT Auto Safety Hotline</b> 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		<b>FOR AGENCY USE ONLY 335</b>		
<b>OWNER INFORMATION (Type or Print)</b> <div style="background-color: black; width: 100%; height: 20px;"></div>		<b>Date Received</b> 10-JAN-2001		<b>Od_or</b> _____ <b>rt_dt</b> _____ <b>od_rt</b> _____ <b>up_itr</b> _____		
<b>Signature of Owner</b> _____		<b>Reference No.</b> 877858		<b>Work Number</b> _____ <b>Home Number</b> _____		
<b>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</i>						
<b>Signature of Owner</b> _____ <b>Date</b> ____/____/____						
VEHICLE INFORMATION						
<b>Vehicle Ident. No. (VIN.)</b> (Located at bottom of windshield on driver's side) 1LNLM91V2T469152		<b>Vehicle Mak</b> LINCOLN	<b>Vehicle Mode</b> MARK VIII	<b>Vehicle Year</b> 1996	<b>Current Odometer Reading</b>	
<b>Purchase Date</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		<b>Dealer's Name</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____		<b>Engine Siz (CID/CC/L)</b> _____ <b>No Cylinders</b> _____		
<b>Transmission Type</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		<b>Antilock Brakes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Restraint System</b> <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag		<b>Cruise Control</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Drive Train</b> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		<b>Vehicle Type</b> <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> 2-Door <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Other <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck				
FAILED COMPONENT(S)/PART(S) INFORMATION						
<b>Component</b> 09002000	<b>Part Name(s)</b> LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS		<b>Location</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear		<b>Failed Part/s</b> <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
<b>No of Failures</b> 0	<b>Date(s) of Failure(s)</b> 29-DEC-2000 <b>Mileage at Failure(s)</b> _____ <b>Vehicle Speed at Failure(s)</b> _____		<b>Failed Part(s)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NHTSA Previously</b> <input type="checkbox"/> Yes <input 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)						
<b>Crash</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Fire</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Number of Persons Injured</b> 0	<b>Number of Fatalities</b> 0	<b>Estimated Property Damag</b>	<b>Reported to Polit</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<b>WHEN TURNING ON HEADLIGHTS THEY CAME ON BRIGHT. THEN, THEY JUST FADED OUT. CONSUMER HAS TO USE HIGH BEAMS TO SEE. TOOK VEHICLE TO DEALER, AND THEY STATED THAT BOTH LIGHTS NEEDED TO BE REPLACED. *AK</b>						
<small>CONTINUE ON BACK IF NEEDED</small>						
<small>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.</small>						