



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 231

Date Received

30-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

887081

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) (Location at bottom of windshield and driver's side door)		Vehicle Make LINCOLN	Vehicle Model MARK VIII	Vehicle Year 1997	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01100000	Part Name(s) STEERING:WHEEL AND COLUMN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

POWER ADJUSTMENT STEERING COLUMNS ACT ERRACTICALLY AND WILL ADJUST BY ITSELF WHILE CONSUMER IS DRIVING . DEALER CANNOT DUPLICATE DEFECT, AND CANNOT DETERMINE CAUSE. PLEASE PROVIDE FURTHER INFORMATION INFORMATION. *AK

COPIES OF REPORTS - FREE -

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.

FOR AGENCY USE ONLY 231		Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-DASH-2-DOT 1-888-327-4236	
Date Received: 01 JUL - 2 AM 1997 Office: 30-APR-2001 Reference No.: 887081		689284	
Work Number: [Redacted] Home Number: [Redacted]		OWNER INFORMATION (Type or Print) [Redacted]	

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

In the absence of an Signature of Owner [Redacted]

Date: 6/23/97

Vehicle Identification No. (VIN) (If used at bottom of windshield on driver's side) 1LNLM927YV635879		Vehicle Make LINCOLN	Vehicle Model MARK VIII	Vehicle Year 1997	Current Odometer Reading 46,600
Purchase Date 3-00	Dealer's Name Car Max	City Norcross	State GA	Zip Code 30055	Engine Size (liters) 4.6L
☐ New ☒ Used	Body Style ☒ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other				

Transmission Type ☒ Automatic ☐ Manual	Anti-Lock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ 2-Point Belt ☒ Passenger Side Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ 4-Wheel ☒ Front ☐ Rear	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Motorcycle ☐ Truck ☐ Sport Utility
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Component 011000000	Part Name(s) STEERING: WHEEL AND COLUMN	Location ☐ Front ☐ Left ☐ Right ☒ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 10-15	Date(s) of Failure(s) 4-00 - Present	Mileage at Failure(s) 10-70 mph	Available? ☐ 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	NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)	

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See ATTACHED letter to Dealer and Corp. Lincoln/Ford -

No ACTION TAKEN BY THEN SINCE IT DOES NOT HAPPEN while they have it"

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CONTINUE ON BACK (NHTSA)

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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