



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 1038

Date Received

21-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894811

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>(Locate at bottom of and/or driver's door side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	LINCOLN	TOWN CAR	2001			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 01-AUG-2001 20 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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)

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 Damag	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)

ENGINE SUDDENLY ACCELERATED. DEALER HAS BEEN CONTACTED, BUT WAS UNABLE TO LOCATE SOURCE OF PROBLEM. PLEASE PROVIDE FURTHER DETAILS.*AK

COPIES OF THIS FORM ARE:

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.

ILNHMB23710418

DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Vehicle-Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration

FOR AGENCY USE ONLY 1038

01 SEP 14 AM 7:00
 2-AUG-2001
 DEFECTS INVESTIGATION
 Reference No. 894811

Work Number
 Home Number

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: [Redacted] Date: 8/13/01

VEHICLE INFORMATION

Vehicle Identification Number (VIN): **1N4E1LNM82W279104**
 Vehicle Make: **LINCOLN**
 Vehicle Model: **TOWN CAR**
 Vehicle Year: **2001**
 Current Odometer Reading: **56000**

Purchase Date: **5-7-01**
 New Used
 Dealer's Name: **FREEDOM LIMCOLN-MEMPHIS**
 City: **CHESMERE VA**
 Zip Code: **23324**

Engine Size (CID/CYL): _____
 No. Cylinders: _____
 Fuel System: Gas Diesel Turbo Fuel Injected

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt 2-Point Belt Motorbell Over-side Airbag Passenger-side Airbag

Cruise Control: Yes No
 Drive Type: Front 4 Wheel
 Vehicle Type: Car Van Minivan Other
 Sport Utility Truck Motorcycle

Body Style: 4-Door 2-Door Pick Up Station Wagon Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **06400000**
 Part Name(s): **FUEL THROTTLE LINKAGES AND CONTROL**
 Location: Front Left Right Rear
 Failed Parts Original Replacement

Date(s) of Failure(s): **01-AUG-2001**
 Mileage at Failure(s): **20**
 Vehicle Speed at Failure(s): **40-50-55 MPH**

No. of Failures: **1**
 Previously Failed 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: **0**
 Number of Persons Killed: **0**
 Estimated Property Damage: **0**
 Reported to Force: Yes No

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

ENGINE SUDDENLY ACCELERATED. DEALER HAS BEEN CONTACTED, BUT WAS UNABLE TO LOCATE SOURCE OF PROBLEM. PLEASE PROVIDE FURTHER DETAILS. **AK**

SERIOUS DRIVER ON ROAD - FAMILY + CHILDREN
*** 4-2nd accident at 10:45 AM AK 10 - 8/13/01 - 30 MPH/hr**

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CONTINUE ON BACK IF NEEDED

