



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

10-SEP-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

896055

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make LINCOLN	Vehicle Model MARK VII	Vehicle Year 1985	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" 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 05100000	Part Name(s) ENGINE	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) _____ 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE TRAVELING AT 35 MPH AND WITHOUT ANY INDICATION VEHICLE STALLED OUT AND DIED.
DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER INFORMATION. *AK**

CONTINUED ON 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.

 U.S. Department of Transportation
National 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

FLORIDA AGENCY USE ONLY 231

Date Received: 10-SEP-2001

Reference No.: 896055

Work No. _____
Home No. _____

OWNER INFORMATION (Type or Print)

[Redacted Name and Address]

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 provide information to the vehicle manufacturer.

Signature: [Redacted] Date: 9/26/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield or travel trailer)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	LINCOLN	MARK VII	1985	71000

Purchase Date: _____ Dealer's Name: _____
 New Used City: _____ State: _____ Zip Code: _____

Engine Size (CID/CC/L) _____ Turbo
 Diesel
 Gas
 Fuel Injected
 No. Cylinders _____

Transmission Type: Manual Automatic
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt Motorbelt 2-Point Belt
 Driverside Airbag Passengerside Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Sport Utility 2-Door
 Van Truck 4-Door
 Minivan Motorcycle Stationwagon
 Other _____ Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 05100000	Part Name(s): ENGINE	Location: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures: _____ Date(s) of Failure(s): _____
 Mileage at Failure(s): _____
 Vehicle Speed 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: <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)

WHILE TRAVELING AT 35 MPH AND WITHOUT ANY INDICATION VEHICLE STALLED OUT AND DIED. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.