



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 6-5-01	Order _____
Reference No.	rt-dt _____
	wt-l _____
	up-tr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER _____

ZIP CODE + 4 _____

AREA CODE _____

VEHICLE IDENTIFICATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1 L n H M 8 2 W 1 X Y 6 3 9 9 0 7	VEHICLE MAKE Lincoln	VEHICLE MODEL Town Car	MANUFACTURE DATE 1 0 - - 9 8	MODEL YEAR 1 9 9 9
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VEHICLE MANUFACTURER <input type="radio"/> BMW <input checked="" type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW		PURCHASE DATE 9/23/99 <input type="radio"/> New <input checked="" type="radio"/> Used		DEALER'S NAME Palm Springs Motors		CITY Palm Springs		STATE Ca.		ZIP CODE 92234			
ENGINE SIZE ICID/CC/LI 4.6	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Diesel <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger/Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No		DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear		VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Sedan <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input checked="" type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other <u>Drivers side seat air bag.</u>	NO. OF FAILURES 1	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE April 26, 2001	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 38200	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT 58 MPH	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="radio"/> Yes <input type="radio"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH <input checked="" type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED 0 1 2 3 4 5 6 7 8 9	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnect/Fel Off <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES 0 1 2 3 4 5 6 7 8 9		

PLEASE DO NOT WRITE IN THIS AREA

02719

narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

While driving 58 MPH another vehicle brocadsided my vehicle on drivers side door. Upon impact, side door (seat) air bag failed to deploy. Frontal air bags deployed. Driver was knocked sideways towards door and window in vehicle and sustained injuries. Vehicle was totaled, as the vehicle that hit me was traveling approximately 40 MPH.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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.

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HS Form 350 (Rev. 8/99)

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

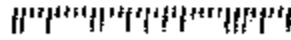
DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline

Complete and return or place in your car manual for future use



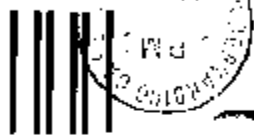
U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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