



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

MAY - 6 2004

400 Seventh Street, S.W.
Washington, D.C. 20590

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. James Vondale, Director
Automotive Safety Office
Environmental and Safety Engineering
Ford Motor Company
330 Town Center Drive, Suite 400
Dearborn, MI 48126

NVS-213bby
EA03-012

Dear Mr. Vondale:

The Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) is conducting an Engineering Analysis (EA03-012) of rear brake line failure in model year (MY) 1995 through 1997 Lincoln Town Car, Ford Crown Victoria, and Mercury Grand Marquis vehicles manufactured by Ford. This letter is to request additional information to assist us in our investigation.

Since our March 26, 2003 letter to Ford concerning this subject (RQ03-004), ODI has received 23 additional reports of brake line failure in MY 1995 through 1997 Town Car, Crown Victoria, and Grand Marquis vehicles. Copies of these reports are enclosed for your information. ODI has received a total of 35 reports of rear brake line failure in subject vehicles in the past 24 months. Six of the reports indicate that the failures are related to abrasive wear and 29 indicate corrosion as the cause of the failure. Twenty-seven of the reports, and 23 of those indicating corrosion, are from salt-belt states.

Unless otherwise stated in the text, the following definitions apply to these information requests. Note that, for purposes of this information request, the scope of the subject vehicles has been expanded to include all MY 1995 through 1999 Town Car, Crown Victoria, and Grand Marquis vehicles inclusive of vehicles covered under the subject Owner Notification Program (98B19).

- **Subject vehicles:** All MY 1995 through 1999 Town Car, Crown Victoria, and Grand Marquis vehicles manufactured for sale or lease in the United States.
- **Peer vehicles:** All MY 1995 through 1997 Taurus, Contour, Windstar, and Explorer vehicles manufactured for sale or lease in the United States.



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- **Subject Owner Notification Program:** NHTSA Safety Improvement Campaign 98I-001 (Ford Owner Notification Program 98B19).
- **Subject component:** All rear hydraulic brake line assemblies used on the subject vehicles or the vehicles covered under the subject owner notification program.
- **Ford:** Ford Motor Company, and all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Ford (including all business units and persons previously referred to), who are or, in or after 1995, were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** Brake line failure resulting in brake fluid leakage.
- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and

zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Ford, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document, which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Ford has previously provided a document to ODI, Ford may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Ford's response to each request, identify the source of the information and indicate the last date the information was gathered. If requested information is unavailable, so state and provide a brief explanation.

1. State, by model, model year, and brake system (ABS or non-ABS) the number of subject and peer vehicles Ford has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by Ford, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Brake system;
 - e. Model year;
 - f. Date of manufacture;
 - g. Date warranty coverage commenced; and

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- h. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the information for this request in a Microsoft Access 2000 table format (or a compatible format). Entitle the table "PRODUCTION DATA." See Enclosure 1, Data Collection Disk, for a pre-formatted table that provides further details regarding this submission.

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2. State, by model and model year, the number of each of the following, received by Ford, or of which Ford is otherwise aware, which relate to, or may relate to, the alleged defect in the subject and peer vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Third-party arbitration proceedings where Ford is or was a party to the arbitration; and,
 - e. Lawsuits, both pending and closed, in which Ford is or was a defendant or codefendant

For subparts "a" through "c," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "e," provide a summary description of the alleged problem and causal and contributing factors and Ford's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "d" and "e", identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

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3. Separately for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. Ford's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Type of failure (abrasion, corrosion, other, unknown);
 - j. Front or rear brakes (if diagonal, what half)
 - k. Whether a crash is alleged;

1. Whether property damage is alleged;
 - m. Number of alleged injuries, if any;
 - n. Number of alleged fatalities, if any;
 - o. Complaint summary; and,
 - p. Consumer comments, if any;
4. Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.
 5. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Ford used for organizing the documents.
 6. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Ford to date that relate to, or may relate to, the alleged defect in the subject and peer vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Ford's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.

7. Describe in detail the search criteria used by Ford to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Ford on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) related to the alleged defect that Ford offered for the subject

vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.

8. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Ford has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that manufacturer's short name is planning to issue within the next 120 days.
9. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject components that have been conducted, are being conducted, are planned, or are being planned by, or for, Ford. These actions should include any environmental testing that was performed on the vehicle. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and,
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

10. State the number of each of the following that Ford has sold that may be used in the subject and peer vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (*including the cut-off date for sales, if applicable*):
 - a. Subject component; and
 - b. Any kits that have been released, or developed, by Ford for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which Ford is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

11. Furnish copies of all documents relating to communications between Ford and each and every supplier of rear brake tubes used in MY 1995 through current production Crown Victoria, Grand Marquis, and Town Car vehicles that are related to the resistance of the

brake tubes to corrosive failure. This should include all communications related to design, manufacture (application processes and quality control monitoring methods) anti-corrosion protection systems used on the brake tubes. If any communications on this subject were oral or were conducted electronically, provide a written transcript or summary of each such communication, and include a statement that identifies the participants and the date of the communication.

12. In response to RQ03-004 Ford furnished a document titled, "1995-1997 Crown Victoria Police & Fleet / Town Car Livery Option Brake Line Wear -98B19" (Bates Nos. 0077-0079). Provide the following additional information regarding this document:
 - a. A detailed description of the audits identified in item 3.E (Bates No. 0077), including a list of vehicles examined by VIN, application (police, taxi, other), and mileage; a description of how the vehicles were measured/inspected; and all measurements and other data recorded for each vehicle; and
 - b. Provide quantitative comparisons of the design clearances, tolerance stack-up, compression, and relative movements of body mounts on the heavy-duty use vehicles covered under the subject ONP and the remaining subject vehicles.
13. Provide the following information regarding the Windstar vehicles that were recalled by Ford to correct a brake line corrosion defect condition (Ford 02S36/NHTSA 02V-101):
 - a. Copy of Ford's 14D report;
 - b. Sample of a one foot length of the replacement rear brake line coated with nylon that was used as a replacement part in the recall campaign;
 - c. The failure rates by MY when the recall decision was made; and
 - d. Ford's estimate/forecast of the failure rate at 10 years in service for the recalled vehicles.
14. Furnish copies of the following Ford engineering specifications for the subject components:
 - a. Specifications related to durability, routing, clearances, and/or corrosion resistance that were in effect during production of the subject vehicles;
 - b. Copies of all documents related to design verification/validation testing of the subject components to the specifications identified in part "a" of this request;
 - c. Current specifications related to durability, routing, clearances, and/or corrosion resistance for the subject components on current production Town Car, Crown Victoria, and Grand Marquis vehicles; and
 - d. Copies of all documents related to design verification/validation testing of the subject components to the specifications identified in part "c" of this request.
15. Provide the following information regarding the rear brake tubes used in the subject and peer vehicles:
 - a. The base material composition and manufacturing method (i.e., single-walled or double-walled);
 - b. Tube coating systems;
 - c. Tube nominal outer diameter;
 - d. Tube outer diameter tolerances;
 - e. Tube nominal wall thickness;
 - f. Tube wall thickness tolerances;

- g. Tube design pressure;
 - h. Tube maximum service pressures (ABS and non-ABS);
 - i. Tube burst pressure;
 - j. The minimum wall thickness necessary to contain maximum service pressures (include consideration with and without stress concentration factors representative of corroded tube walls and state all calculations used and the values of all calculation parameters);
 - k. Summaries and copies of corrosion performance test specifications – conditions (e.g., salt spray tests, cyclical corrosion tests) and end-of-test requirements;
 - l. Summaries and copies of all corrosion performance test results; and
 - m. Identify all suppliers by models and model years.
16. Provide the following information concerning the rear brake lines and fuel lines in the subject and peer vehicles:
- a. Describe the basic brake system design (e.g., system split front/rear or diagonal, ABS, front/rear disc, etc.)
 - b. Furnish basic diagrams of the brake and fuel tube routing/retention in the subject and peer vehicles;
 - c. Identify all peer vehicles in which the brake lines are routed in a "bundle" with the fuel lines (i.e., sharing common retention clips);
 - d. Identify all other Ford vehicles produced from 1994 to date with fuel lines and rear brake lines routed together in a "bundle;"
 - e. Identify the material composition of the fuel lines;
 - f. Describe any and all design and assembly requirements related to preventing of contact between the rear brake lines and the fuel lines in the subject vehicles; and
 - g. State Ford's opinion of the effect that any such contact may have on the corrosion of the subject components.
17. Provide copies of any other testing, survey, research data, and/or technical literature related to corrosive failure of hydraulic brake tubing in motor vehicles that are in Ford's possession.
18. Provide Ford's assessment of the alleged defect in the subject vehicles. Include the following information in your response:
- a. The design life of the subject components in years and mileages;
 - b. Furnish a detailed comparison of all data concerning differences in brake line clearances from the vehicle body and other components in the subject vehicles and the vehicles covered by the subject Owner Notification Program;
 - c. Furnish an assessment of the pattern of brake line corrosion in the subject vehicles (general or localized);
 - d. Furnish an assessment of the type(s) of corrosion occurring in the brake lines of the subject vehicles; and
 - e. Furnish an assessment of the severity of corrosion occurring in the brake lines of the subject vehicles – include in this answer a comparison of the available failure data concerning the subject and peer vehicles.

This letter is being sent to Ford pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to

request reports and the production of things. It constitutes a new request for information. Ford's failure to respond promptly and fully to this letter could subject Ford to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

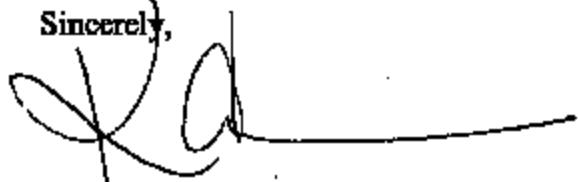
If Ford cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Ford does not submit one or more requested documents or items of information in response to this information request, Ford must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Ford's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by June 30, 2004. Please refer to EA03-012 in Ford's response to this letter. If Ford finds that it is unable to provide all of the information requested within the time allotted, Ford must request an extension from me at (202) 366-5207 no later than five business days before the response due date. If Ford is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Ford then has available, even if an extension has been granted.

If Ford claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Ford must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Ford is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Bruce York of my staff at (202) 366-6938.

Sincerely,



Kathleen C. DeMeter, Director
Office of Defects Investigation
Enforcement

Enclosures: One CD ROM titled Data Collection Disc containing three files and 16 Consumer Complaints

MODEL	MAKE	MODEL_DESCR	VIN	INCIDENT_DT	REC'D_DT	FAILURE	STATE	SAFETY	CRASH_NUM	IN_MILE	Category	COD_ID	Submission Notes
1997	MERC	GRAND VICTORIA	WYNN	11/10/2003	4/17/2004	DE	X	N			A2	10088826	X
1996	MERC	GRAND PURCHASED A PRE	2MELV	3/28/2004	6/25/19	NJ	X	N			A2	10083227	X
1995	FORD	CROWN VICTORIA	2FALP	3/15/2004	3/17/2004	MN	X	N			A2	10082471	X
1995	LINCO	TOWN THE VEHICLE HAS PLEAS	HYD	2/17/2004	2/18/2004	95000	NY	X			A2	10089349	X
1997	MERC	GRAND BRAKE LINE FAILURE	2MELV	1/3/2004	1/15/2004	54000	NY	X			A2	10084268	X
1998	LINCO	TOWN I AM REPORTING A C	LNLMK	12/14/2003	12/17/2003	160000	MD	X			A2	10080845	X
1997	FORD	CROWN WHEN THE BRAKE	2FALP	10/12/2003	12/10/2003	70000	CA	N			A1	10048285	X
1995	LINCO	TOWN THE REAR BRAKE	1LNLM	8/29/2003	12/24/2003	30000	MA	X			A2	10044431	X
1996	LINCO	TOWN LINES HAVE	1LNLM	10/7/2003	11/18/2003	50000	MA	X			A2	10042634	X
1997	FORD	CROWN VICTORIA	2FALP	8/19/2003	8/20/2003	50000	MI	X			A1	10039216	X
1997	FORD	CROWN BRAKE FAILURE- 97	2FALP	7/31/2003	8/7/2003	30000	WI	X			A1	10037390	X
1997	FORD	CROWN CONSUMER STATED NO	VIN	7/25/2003	7/30/2003	MD	X	N			A1	10031635	X
1997	FORD	CROWN CONSUMER STATED	2FALP	7/25/2003	7/25/2003	MD	X	N			A2	10031404	X
1995	LINCO	TOWN CONSUMER STATES NO	VIN	6/12/2003	7/29/2003	FL	N				A2	10031380	X
1995	LINCO	TOWN FAULTY BRAKE LINE	1LNLM	8/20/2003	8/20/2003	10000	FL	N			A2	10029140	X
1996	FORD	CROWN COMPLETE BRAKE F	2FALP	8/24/2003	7/8/2003	MI	X	N			A2	10025757	X
1996	LINCO	TOWN 1996 LINCOLN TOWN	88888		8/4/2003	NJ	X	N			A2	10022548	X
1997	LINCO	TOWN BRAKE LINE FROM F	1LNLM	5/31/2003	8/5/2003	FL	N	N			A2	10021116	X
1996	FORD	CROWN VICTORIA	2FALP	5/20/2003	8/3/2003	MA	X	N			A2	10020367	X
1995	LINCO	TOWN THE FRONT ROTORS	1LNLM	4/24/2003	4/24/2003	20134	MI	X			A2	10017531	X
1997	LINCO	TOWN WHILE DRIVING ON S	1LNLM	4/27/2003	4/28/2003	04302	VA	N			A2	10016890	X
1997	LINCO	TOWN WHILE DRIVING THE	1LNLM	3/26/2003	4/7/2003	78000	MN	X	Y		A2	10016295	X
1997	FORD	CROWN THE BRAKE LINE RU	2FALP	3/20/2003	3/27/2003	103000	OH	X	N		A2	10014679	X
1996	LINCO	TOWN SUDDEN LOSS OF BI	1LNLM	8/21/2002	2/10/2003	89000	NJ	X	N		A2	10005832	X
1996	LINCO	TOWN GREAT DEAL OF CO	NO VIN	12/22/2002	12/23/2002	MI	X	N			A2	10001439	X
1997	FORD	CROWN WHILE DRIVING, DR	2FALP	11/5/2002	11/11/2002	90000	SC	N			A1	8022206	X
1995	MERC	MARCONI CONSUMER STATES PLEAS	EAS	10/3/2002	10/8/2002	100000	IL	X			A2	8020478	X

1997	LINCOLN TOWN	WHEN BRAKES WAS 1LN APPLIED THE		NJ	X	N	A2	8026439	X	
1995	MERCURY GRAND	BRAKE FAILURE WHEN NO V	8/17/2002	9/18/2002	IL	X	A2	8016117	X	
1995	MERCURY GRAND	WHILE DRIVING VEH 2MEI	9/17/2002	9/17/2002	MI	X	A2	8016791	X	
1997	LINCOLN TOWN	OWNER ATTEMPTED NO V	8/22/2002	9/6/2002	NJ	X	A2	8016981	X	
1995	FORD CROWN	CONSUMER 2FAL APPLIED BRAKES	7/7/2002	7/17/2002	NJ	X	B2	8014138		
1997	FORD CROWN	CONSUMER STATE V 2FAL	3/22/2002	3/29/2002	AZ	N	A1	8026820		
1987	LINCOLN TOWN	DURING INSPECTION A	11/19/2001	11/18/2001	UT	N	A1	4867222		
1985	LINCOLN TOWN	A SOLID METAL BRAKE LINE WAS EXPERIENCED	6/26/2001	10/4/2001	TX	N	B1	4873288		
1987	FORD CROWN	WHILE DRIVING EXPERIENCED	6/18/2001	5/23/2001	AZ	N	A1	4889006		
1987	LINCOLN TOWN	WHEN BRAKES WER NO V	3/19/2001	3/28/2001	CH	X	A1	884409		
1987	MERCURY GRAND	WHILE DRIVING ABOUT 40MPH AND BUSTED THROUGH	1/5/2000	1/5/2001	NY	X	B1	877516		
1985	LINCOLN TOWN	THE BRAKE LINES RUSTED THROUGH		11/23/1998	DE	X	A2	853268	X	
1987	MERCURY GRAND	CONSUMER SAYS TH NO V		12/1/1998	TX	N	A1	831538		
1985	LINCOLN TOWN	RECALL 800001000.	11/19/1998	11/18/1998	FL	N	A2	831070		
1997	FORD CROWN	THE BRAKE LINE IS NO V	1/8/1998	2/4/1998	NO	X	A1	821451		
1987	MERCURY GRAND	THE BRAKE LINE IS 2MEI COVERED WITH	2/26/2000	2/26/2000	FL	N	A1	784636		
1985	LINCOLN TOWN	I CAME TO A STOP 1LN	10/5/2002	10/22/2002	KY	N	O	828988		
1985	LINCOLN TOWN	THE BRAKE LINE WAS BUSTED	2/22/2002	3/7/2002	NY	X	O	828933	X	
1995	MERCURY GRAND	WHILE DRIVING THE NO V	10/11/2001	10/11/2001	NY	X	O	8279101	X	
1987	FORD CROWN	BRAKE LINE HAS 112FAL	8/20/2001	8/27/2001	NC	N	O	751207		
1986	MERCURY GRAND	REAR CROSS OVER 2MEI	8/14/2001	8/18/2001	FL	N	O	742835		
1987	FORD CROWN	HYDRAULIC BRAKE 2FAL	10/18/2000	10/19/2000	WV	N	O	A1	734743	
1987	MERCURY GRAND	MY WIFE DRIVING, C 2MEI	10/7/2000	10/13/2000	LA	O	O	A1	732778	
1987	FORD CROWN	THE HYDRAULIC LIN 2FAL	1/26/2000	2/2/2000	IL	X	A1	718204		
1987	MERCURY GRAND	POR DESIGN: RIGID FRAME	8/18/1998	8/20/1998	AR	N	A1	710291		
1997	FORD CROWN	THE BRAKE LINE WORN F VI		12/10/1997	AR		A1	606810		
1997	MERCURY GRAND	THE CONSUMER WA 2MEI		10/30/2002	MO	X	A1	668800		
1987	LINCOLN TOWN	CONSUMER HAD FRONT BRAKE	9/20/2001	7/22/2002	FL	N	A2	588421		

 U.S. Department of Transportation National Highway Traffic Safety Administration				DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.safercar.gov/hotline		FOR AGENCY USE ONLY 1058 Date Received 02-JUL-2002 Repository <input type="checkbox"/> Reference No. 566421	
OWNER INFORMATION (Type or Print) Name _____ Address _____ City _____ State _____ Zip Code _____ Daytime Telephone Number _____ E-mail Address _____ Evening Telephone Number _____							
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date _____ / / _____							
VEHICLE INFORMATION 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNLM62W8VY659699 Make: LINCOLN Model: TOWN CAR Model Year: 1997							
Date Purchased 22-JAN-97	Dealer's Name and Telephone Number				Engine:	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	No: Cylinders			
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain		Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC FOUNDATION COMPONENTS Multiple Failure: 2			
FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s) 20-SEP-2001 Failure Mileage Failure Speed							
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Make _____ The Model (Name or Number) _____ The Size (Example P215/65R15) _____ DOT No. (Example: DOTMALSABC036) <input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair Failure Location: _____ Tire Component Code _____ Tire Failure Type _____							
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: _____ Date Manufactured: _____ Model No./Name: _____ Seat Type: _____ Installation System: _____ Child Seat Component Code: _____ Failed Part: _____							
APPLICABLE INCIDENT INFORMATION (Please describe in detail the Incident(s), Failure(s), Cause(s), and Injury(ies).)							
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 Deaths	Reported to Police N			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).							
CONSUMER HAD FRONT BRAKE PADS REPLACED AND FRONT BRAKE ROTORS MACHINED, 4 MONTHS LATER WHILE DRIVING, BRAKES FAILED, DEALER STATES BRAKE LINES TOTALLY RUSTED OUT LEAVING THE VEHICLE WITH NO BRAKING CAPACITY. *SLC REFERENCED IN RQ03-004							
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY			
The Privacy Act of 1974/Public Law 93-359: 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 TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.safercar.dot.gov/hotline

FOR AGENCY USE ONLY 1058

Date Received	Repository <input type="checkbox"/>
30-OCT-2002	Reference No. 568000

Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]	

OWNER INFORMATION (Type or Print)

Name [REDACTED]	Address [REDACTED]	City [REDACTED]
-----------------	--------------------	-----------------

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side 2MELM74 [REDACTED]		Make MERCURY	Model GRAND MARQUIS	Model Year 1997
Date Purchased 01-AUG-97	Dealer's Name and Telephone Number			Engine: No. Cylinders
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	Fuel Type: Gas
Transmission Type AUTOMATIC	<input type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed			
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	The Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	The Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION*(Please describe in detail the incident(s), failure(s), Crash(es), and injury(ies).)*

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (i.e., parts repaired or replaced (and if old part is available)).

THE CONSUMER WAS DRIVING IN THE MOUNTAINS WHEN THE BRAKES FAILED ON A COLD/RAINY NIGHT. THE VEHICLE WAS TOWED TO A FORD DEALER WHO REPLACED THE BRAKE LINE. THE HOLE RUBBED IN THE LINE AT THE CROSS MEMBER. THE NEW BRAKE LINE WAS REROUTED AWAY FROM THE BODY AND WAS INSULATED. "SCC REFERENCED IN RQ03-004

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 this questionnaire. Your responses 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 responses, 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 To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 129	
		Data Received 10-DEC-1997		Repository <input type="checkbox"/> Reference No. 605810	
Name _____ Address _____ City _____		Daytime Telephone Number _____ Evening Telephone Number _____		E-mail Address _____	
<p><i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</i></p> <p><i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i></p> <p><i>Signature of Owner _____ Date _____ / _____ / _____</i></p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side				Make: FORD	Model: CROWN VICTORIA
Date Purchased		Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input checked="" type="checkbox"/>		Dealer's City _____			
Transmission Type	<input type="checkbox"/> Antilock Brakes Powertrain <input type="checkbox"/> Cruise Control		Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTMALSABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				The Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION					
<i>(Please describe in detail the incident, failure(s), crash(es), and injury(ies).)</i>					
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 Deaths	Reported to Police N	
Narrative Description of Crash(es), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
BRAKE LINE WORN FROM RUBBING AGAINST VEHICLE'S BODY PARTS, RESULTING IN BRAKE FAILURE. REFERENCED IN RQ03-004					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.					
ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974 - Public Law 93-555 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 responses, or a statistical summary thereof, may be used in support of the agency's action.					

 <p>Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov</p>				FOR AGENCY USE ONLY 256	
OWNER INFORMATION (Type or Print)				Date Received	Od_or rl_dt ad_rt sp_lr
				20-AUG-1998	
					Reference No. 710291
				Work Number	
				Home Number	
<p>Do you authorize NHTSA to provide a copy of your completed questionnaire to the vehicle manufacturer? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date _____</p>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2MELM75 [REDACTED]		MERCURY	GRAND MARQUIS	1997	
Purchase Date 01-MAR-1998		Dealer's Name _____		Engine Size (CID/CC/L) <input type="checkbox"/> 4.6L	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection <input checked="" type="checkbox"/>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____	State _____	Zip Code _____	No Cylinders _____
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> DriverSide Airbag <input type="checkbox"/> PassengerSide Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 03240000	Part Name(s) BRAKES:HYDRAULIC:LINES:FITTINGS			Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) 01-MAR-1998 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) 60			Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>POOR DESIGN: RIGID, FRAME MOUNTED BRAKE LINE WAS IN CONTACT WITH UPPER AUTOMOBILE BODY. BRAKE LINE CRACKED DUE TO UPPER BODY MOVEMENT, CAUSING LOSS OF BRAKING ACTION WHILE DRIVING.</p>					
CONTINUE ON BACK IF NEEDED					
<p>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 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 responses, or a statistical summary thereof, may be used in support of the agency's action.</p>					

 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 260 Date Received _____ 02-FEB-2000 Od_or _____ rf_dt _____ od_rt _____ up_ltr _____ Reference No. 718204			
OWNER INFORMATION (Type or Print) <div style="background-color: black; height: 50px; width: 100%;"></div> <div style="text-align: right; margin-right: 10px;">590463</div> Do you want NHTSA to keep your name and address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>(Located at bottom of windshield on driver's side)</small> 2FALP74		Vehicle Make FORD	Vehicle Model CROWN VICTORI	Vehicle Year 1997	Current Odometer Reading (Leave blank if unknown)
Purchase Date 01-JUN-1998		Dealer's Name _____		Engine Size <small>(CID/CCIL</small> 4.6L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____	State _____	Zip Code _____	No Cylinders _____
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> DriverSide Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
				<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
					<input type="checkbox"/> 2-Door <input checked="" 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 03240000		Part Name(s) BRAKES:HYDRAULIC:LINE:FITTING		Location <input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear
				Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures 1		Date(s) of Failure(s) 28-JAN-2000 Mileage at Failure(s) 72890 Vehicle Speed at Failure(s) 20		Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured (Leave blank if unknown)	
				Number of Fatalities (Leave blank if unknown)	
				Estimated Property Damage (Leave blank if unknown)	
Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>THE HYDRAULIC LINE BETWEEN THE MASTER CYLINDER AND THE REAR BRAKES HAD A HOLE RUBBED THROUGH WHERE IT WAS CONTACTING THE FRAME. THIS IS WAS VERIFIED BY THE FORD DEALERSHIP THAT PERFORMED THE REPAIRS. I HAVE THE LINE ITSELF AS EVIDENCE. I BROUGHT THIS TO THE ATTENTION OF BOTH GREGG MOTORS AND THE FORD CUSTOMER SERVICE OFFICE AND THAT DIDN'T SEEM TO ALARM THEM. I AM A MECHANICAL ENGINEER AND FEEL THAT THE LINE WAS EITHER INSTALLED TOO CLOSE TO THE FRAME AT ASSEMBLY OR IT WAS DESIGNED WITHOUT THE PROPER SPACERS TO KEEP IT FROM RUBBING. FORD CUSTOMER SERVICE STATED THAT THEY WERE UNAWARE OF THIS PROBLEM AND THAT THEY WOULD FORWARD THE INFORMATION TO THE ENGINEERS. I ASKED IF SOMEONE COULD GET BACK TO ME AND THEY STATED THIS WAS NOT POSSIBL</p>					
<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>					

 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258 Date Received 13-OCT-2000 Od_or _____ It_dt _____ Ad_rt _____ Sup_ltr _____ Reference No. 734278 Work Number Home Number				
OWNER INFORMATION (Type or Print) <div style="background-color: black; color: black; height: 40px; width: 400px; margin-bottom: 5px;"></div> 850319						
Do you want NHTSA to keep your name and address? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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>(Located at bottom of windshield or on driver's side)</small> 2MELM7		Vehicle Make MERCURY	Vehicle Model GRAND MARQUIS	Vehicle Year 1997	Current Odometer Reading 	
Purchase Date 01-MAY-1998		Dealer's Name _____		Engine Size <small>(CID/CC/L)</small> 4.6L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style
						<input type="checkbox"/> 2-Door <input checked="" 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 03244008	Part Name(s) BRAKES:HYDRAULIC:LINES:FITTINGS			Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	
No of Failures 1	Date(s) of Failure(s) 07-OCT-2000 Mileage at Failure(s) 42899 Vehicle Speed at Failure(s) 65			Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>						
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>MY WIFE DRIVING, COME TO NARROW WITH APPROACHING CAR, HIT BRAKES TO SLOW DOWN WHERE SHE WOULD NOT HAVE TO PASS ON BRIDGE WITH OTHER CAR, HER CAR SLOWED, NOTHING SEEM WRONG WITH BRAKES, BUT SOME MILES LATER, COMING UPON A CURVE, HIT BRAKES TO SLOW TO MAKE CURVE, NO BRAKES. SHE BOUGHT FLUID, AS FLUID WAS GONE, DROVE ABOUT 20 MILES BACK HOME, WHEN I CAME IN, NO FLUID IN RESERVE, PUT SOME IN, PUMPED BRAKES, FLUID POURED OUT ON CONCRETE UNDER FRONT DRIVERS DOOR. HAD TOWED TO DEALER, THE LINE HAD RUBBED WHOLE IN LINE UP AGAINST FRAME. THEY REPAIRED IT, REFLUIDED IT AND CHARGE ME ALMOST \$2.00. I DID CALL MERCURY CUSTOMER SERVICE, AND THEY GOT THE LOCAL DEALERSHIP TO BRING IT TO THE PRICE STATED. FIRST PRICE WAS OVER 100.00. MY DAUGHTER AND GRANDDAUGHTER WHO IS 8 MONTHS OLD, HAD TO SIT IN THE CAR WHILE I WAITED FOR IT TO BE REPAIRED.</p>						
<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>						

 U.S. Department of Transportation National Highway Traffic Safety Administration Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline				FOR AGENCY USE ONLY 258 Data Received 19-OCT-2000 Od_ar _____ rf_dt _____ od_rt _____ up_ir _____ Reference No. 734743 Work Number _____ Home Number _____	
<input type="checkbox"/> Print [Redacted Address]				650897	
Do you authorize NHTSA to provide a copy of your report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
ZFALP74 [Redacted]		FORD	CROWN VICTORI	1997	
Purchase Date 01-OCT-1997		Dealer's Name _____		Engine Size (CID/CCIL) 4.6 /	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City _____	State _____	Zip Code _____	No Cylinders _____ <input checked="" type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
					<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
					<input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
					<input type="checkbox"/> 2-Door <input checked="" 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 03240000	Part Name(s) BRAKES/HYDRAULIC-LINES/PITTINGS			Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 18-OCT-2000 Mileage at Failure(s) 74103 Vehicle Speed at Failure(s) 55			Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
HYDRAULIC BRAKE LINE(S) RUBBED AGAINST BODY PARTS CAUSING LOSS OF BRAKE FLUID. DEALER WILL NOT CONSIDER AS A MANUFACTURING DEFECT. THERE APPEARS TO BE SEVERAL MANY COMPLAINTS CONCERNING THIS PROBLEM, BUT DEALER SAYS WARRANTY REPAIRS ONLY APPLY TO POLICE VEHICLES. WHAT ABOUT THE REST OF US?					
CONTINUE ON BACK IF NEEDED					
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.					

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p align="center">Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>		<p align="right">FOR AGENCY USE ONLY 256</p>			
		<p align="center">Data Received</p> <p align="center">18-MAR-2001</p>		<p>Dd_or _____ rt_dt _____ xt_xt _____ up_ltr _____</p>			
				<p align="center">Reference No.</p> <p align="center">742635</p>			
<p align="center">OWNER INFORMATION (Type or Print)</p> <p align="right">683223</p>				<p align="center">Work Number _____ Home Number _____</p>			
<p>Do you own or lease your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the space below, type or print your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date _____</p>							
VEHICLE INFORMATION							
<p>Vehicle Ident. No. (VIN) <small>(Located at bottom of driver's side door)</small></p> <p>2MELM17-_____</p>		<p>Vehicle Make</p> <p>MERCURY</p>	<p>Vehicle Model</p> <p>GRAND MARQUIS</p>	<p>Vehicle Year</p> <p>1996</p>	<p>Current Odometer Readin</p> <p>_____</p>		
<p>Purchase Date</p> <p>01-AUG-1999</p>		<p>Dealer's Name _____</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) <input type="checkbox"/> 4.6</p> <p>No Cylinders <input type="checkbox"/> Turbo</p>	<p><input type="checkbox"/> Diesel</p> <p><input type="checkbox"/> Gas</p> <p><input checked="" type="checkbox"/> Fuel Injectio</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual</p> <p><input type="checkbox"/> Automatic</p>	<p>AntiLock Brakes</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt</p> <p><input checked="" type="checkbox"/> DriverSide Airbag</p> <p><input type="checkbox"/> 2-Point Bel</p> <p><input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Drive Trax</p> <p><input type="checkbox"/> Front</p> <p><input checked="" type="checkbox"/> Rear</p> <p><input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Van</p> <p><input type="checkbox"/> Minivan</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Util</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door</p> <p><input checked="" type="checkbox"/> 4-Door</p> <p><input type="checkbox"/> Stationwagon</p> <p><input type="checkbox"/> Pick Up Truck</p> <p><input type="checkbox"/> Other</p>	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 03240000	Part Name(s) BRAKES:HYDRAULIC:LINES:FITTINGS			Location	Failed Part(s)		
				<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Original	
				<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Replacement	
No of Failure	Date(s) of Failure(s)	14-MAR-2001 63000		Failed Part(s)	NHTSA Previously		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
<p>REAR CROSS OVER LINE SEVERE WEAR TO DIFFERENTAIL RUBBED THROUGH BRAKE LINE POOR DESIGN ON LINE MOUNTING THIS HAPPENED IN THE REAR RIGHT WHERE LINE IS ROUTED TO THE LEFT BRAKE. SOME ONE HAS MAYBE BEEN KILLED DUE TO THIS POSSIBLY BEING OVER LOOK AT AN ACCIDENT.*AK</p>							
CONTINUE ON BACK IF NEEDED							
<p>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.</p>							

 <p>Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.safercar.dot.gov</p>				FOR AGENCY USE ONLY 256 Date Received 27-AUG-2001 Reference No. 751207		
OWNER INFORMATION (Type or Print)  711665				Work Number Home Number		
<p><i>By signing below, you are giving NHTSA permission to provide your name and address to the manufacturer of your vehicle.</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</i></p> <p>Signature of Owner _____ Date _____</p>						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) 2FALP7[REDACTED]		Vehicle Make FORD	Vehicle Model CROWN VICTORI	Vehicle Year 1997	Current Odometer Readin	
Located at bottom of windshield on driver's side						
Purchase Dat 01-JAN-1999	Dealer's Name _____			Engine Size (CID/CC) 4.6	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio <input checked="" type="checkbox"/>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____	State _____	Zip Code _____	No Cylinders _____	<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Contro <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trai <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 03240000	Part Name(s) BRAKES:HYDRAULIC-LINES:FITTINGS			Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	
No of Failure 1	Date(s) of Failure(s) 26-AUG-2001 82000	Mileage at Failure(s) 40		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>BRAKE LINE HAS 1 1/4 LONG CHAFFING OR RUB AREA CAUSING LINE TO FAIL. UNDER BLACK RUBBER PAD DESIGN TO ELIMINATE CHAFFING PROBLEM. AREA IS NEXT TO DRIVERS SIDE OF TRANSMISSION CROSS MEMBER. APPEARS BLACK RUBBER PAD DID NOT PREVENT CHAFFING. MADE TEMPORARY ROADSIDE REPAIR TO KEEP CAR HOME. REPORTED TO FORD MOTOR COMPANY CUSTOMER SERVICE ON 8/27/2001. ASSIGNED REFERENCE NUMBER 9005812234. I HAVE FAILED BRAKE LINE AVAILABLE FOR INVESTIGATION.*AK</p>						
CONTINUE ON BACK IF NEEDED						
<p>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.</p>						

 U.S. Department of Transportation National Highway Traffic Safety Administration		Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 238										
		Date Received	11-OCT-2001	Dd_ur rt_dt px_rt up_lt										
		Reference No.	753101											
OWNER INFORMATION (Type or Print)		720516	Work Number											
			Home Number											
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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>(located at bottom of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin									
		MERCURY	GRAND MARQUIS	1995										
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size <small>(CID/CCW)</small>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio									
				No Cylinders _____										
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type									
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver/Side Airbag <input type="checkbox"/> 2-Point Bel/ <input type="checkbox"/> Passenger/Side Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <table border="1" style="float: right; margin-left: 10px;"> <tr><td>Sport Utility</td></tr> <tr><td>Truck</td></tr> <tr><td>Motorcycle</td></tr> <tr><td>2-Door</td></tr> <tr><td>4-Door</td></tr> <tr><td>Stationwagon</td></tr> <tr><td>Pick Up Truck</td></tr> <tr><td>Other</td></tr> </table>	Sport Utility	Truck	Motorcycle	2-Door	4-Door	Stationwagon	Pick Up Truck	Other	Body Style
Sport Utility														
Truck														
Motorcycle														
2-Door														
4-Door														
Stationwagon														
Pick Up Truck														
Other														
FAILED COMPONENT(S)/PART(S) INFORMATION														
Component 03240000 03250000	Part Name(s) BRAKES:HYDRAULIC:LINES:FITTINGS BRAKES:HYDRAULIC:ANTI-SKID SYSTEM			Location <input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement								
No of Failure 1	Date(s) of Failure(s) 11-OCT-2001 Failure(s) 56000 Mileage at Failure(s) 40			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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)														
<p>WHILE DRIVING THE BRAKE PEDAL WENT TO THE FLOOR. THE RED BRAKE LIGHT ON THE DASHBOARD CAME ON. DEALER CLAIMS TWO SECTIONS OF BRAKE LINES "RUSTED" OUT AGAINST FRAME. I ALSO OWN A 1992 MERCURY GRAND MARQUIS LS AND THE DEALER HAS STATED THAT THIS CAR ALSO HAS RUSTED BRAKE LINES ALONG THE FRAME.*AK</p>														
CONTINUE ON BACK IF NEEDED														
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 To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	
				FOR AGENCY USE ONLY 258	
Date Received 07-MAR-2002		Repository <input type="checkbox"/> Reference No. 759033			
				Daytime Telephone Number Evening Telephone Number	
				E-mail Address	
OWNER INFORMATION (Type or Print)					
Name _____					
Address _____					
City _____	State NY	Zip Code _____			
<i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i>					
Signature of Owner _____ Date / / /					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 11NUM [REDACTED]			Make LINCOLN	Model TOWN CAR	Model Year 1995
Date Purchased 01-JAN-96	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City _____		State _____	Zip Code _____	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 22-FEB-2002	Failure Mileage	Failure Speed 15			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				The Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)</i>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). <i>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</i>					
THE BRAKE LINE WAS RUSTED THROUGH BELOW THE DRIVER SEAT AND RUPTURED. THE DRIVER COULD NOT STOP THE VEHICLE IN TIME AND CRASHED INTO ANOTHER VEHICLE AT A TRAFFIC INTERSECTION. REFERENCED IN RQ03-004					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<small>The Privacy Act of 1974/Public Law 93-509 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.</small>					

 U.S. Department of Transportation National Highway Traffic Safety Administration				DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline																			
				FOR AGENCY USE ONLY 25B Date Received Repository <input type="checkbox"/> 28-OCT-2002 Reference No. 768988																			
OWNER INFORMATION (Type or Print) <table border="1"> <tr> <td>Name</td> <td colspan="2"></td> <td>Daytime Telephone Number</td> <td colspan="2">E-mail Address</td> </tr> <tr> <td>Address</td> <td colspan="2"></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td colspan="2"></td> <td>Zip Code</td> <td colspan="2">Evening Telephone Number</td> </tr> </table> <p>Do you authorize NHTSA to release your name and address to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date _____</p>						Name			Daytime Telephone Number	E-mail Address		Address						City			Zip Code	Evening Telephone Number	
Name			Daytime Telephone Number	E-mail Address																			
Address																							
City			Zip Code	Evening Telephone Number																			
VEHICLE INFORMATION <table border="1"> <tr> <td>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNLM8 [REDACTED]</td> <td>Make: LINCOLN</td> <td>Model: TOWN CAR</td> <td>Model Year: 1995</td> </tr> <tr> <td>Date Purchased</td> <td colspan="3">Dealer's Name and Telephone Number</td> <td rowspan="2">Engine: No. Cylinders</td> <td rowspan="2">Fuel Type: Gas</td> </tr> <tr> <td>Original Owner</td> <td>Dealer's City</td> <td>State</td> <td>Zip Code</td> </tr> </table> <p>Transmission Type: <input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Powertrain <input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/> REAR WHEEL DRIVE</p> <p>Vehicle Component Code: 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS</p> <p>Multiple Failure: 1</p>						17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNLM8 [REDACTED]	Make: LINCOLN	Model: TOWN CAR	Model Year: 1995	Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas	Original Owner	Dealer's City	State	Zip Code				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNLM8 [REDACTED]	Make: LINCOLN	Model: TOWN CAR	Model Year: 1995																				
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas																		
Original Owner	Dealer's City	State	Zip Code																				
FAILED COMPONENT(S)/PART(S) INFORMATION <table border="1"> <tr> <td>Incident Date(s) 05-OCT-2002</td> <td>Failure Mileage</td> <td>Failure Speed</td> <td colspan="3"></td> </tr> </table>						Incident Date(s) 05-OCT-2002	Failure Mileage	Failure Speed															
Incident Date(s) 05-OCT-2002	Failure Mileage	Failure Speed																					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE <table border="1"> <tr> <td>Tire Make</td> <td colspan="2">Tire Model (Name or Number)</td> <td colspan="3">Tire Size (Example P215/65R15)</td> </tr> <tr> <td>DOT No. (Example: DOTMALSABC036)</td> <td><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</td> <td colspan="3">Failure Location:</td> <td></td> </tr> <tr> <td>Tire Component Code</td> <td colspan="5">The Failure Type</td> </tr> </table>						Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)			DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:				Tire Component Code	The Failure Type				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)																				
DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:																					
Tire Component Code	The Failure Type																						
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE <table border="1"> <tr> <td>Make:</td> <td>Date Manufactured:</td> <td colspan="3">Model No./Name:</td> </tr> <tr> <td>Seat Type:</td> <td colspan="4">Installation System:</td> </tr> <tr> <td>Child Seat Component Code:</td> <td colspan="5">Failed Part:</td> </tr> </table>						Make:	Date Manufactured:	Model No./Name:			Seat Type:	Installation System:				Child Seat Component Code:	Failed Part:						
Make:	Date Manufactured:	Model No./Name:																					
Seat Type:	Installation System:																						
Child Seat Component Code:	Failed Part:																						
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i> <table border="1"> <tr> <td>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Number of Persons Injured 0</td> <td>Number of Deaths 0</td> <td>Reported to Police N</td> </tr> </table> <p>Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).</p> <p>I CAME TO A STOP LIGHT AND THE CAR HAD JUST ENOUGH BRAKES TO STOP WITH, I PULLED INTO A PARKING LOT AND NOTICE THE GROUND WAS WET ON THE LEFT SIDE OF THE CAR AND LOOKED UNDER THE CAR AND FOUND THAT THE BRAKE LINES WERE LEAKING. I HAD THE CAR TOWED TO GREENS AND SHANE MULLINS SAID THE BRAKE LINES HAVE RUSTED OUT I CAN NOT BELIEVE THAT BRAKE LINES WOULD RUST OUT IN 7 YEARS. DT REFERENCED IN RQ03-004</p>						Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N													
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N																			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY																				
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.																							

784535

From: [REDACTED]
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>
Date: 2/26/00 10:18AM
Subject: Car Talk VOQ submission

- * This data was submitted via a fill-in form at the Cartalk web site
- * (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
- * or suggestions regarding the format of this submission, send email
- * to webmaster@cartalk.com

SUBMISSION DATE: Monday, February 28th 2000 at 9:50:35 AM

VECHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

NAME: [REDACTED]

ADDRESS:

[REDACTED]

TELEPHONE:

NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 2melm

MAKE: mercury

MODEL: grand marquis gs

YEAR: 97

ODOMETER: 69000

PURCHASE DATE: NEW OR USED: New

DEALER NAME: astro mercury lincoln

ADDRESS: pensacola , fl 32570

ENGINE SIZE: 4.6

CYLINDERS: 8

FUEL INJECTION: Yes

TURBO: No

FUEL TYPE:

ANTILOCK BRAKES: Yes

CRUISE CONTROL: Yes

DRIVETRAIN: Rear

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: brake line from front of vehicle to rear of vehicle. car part is covered with a rubber protector but car rubbed against cover and rubbed hole through brake line. By this part being covered by the rubber insulator it reflects that this is a weak point on the line the rest of the line is not covered by this gasket material.

PART NAME(S): brake line has to be made as there is no part available to repair this line. Part is molded to car.

LOCATION: Left

NUMBER OF FAILURES:

DATE(S) OF FAILURE(S): 26 february 2000

MILEAGE AT FAILURE(S): 89980

SPEED AT FAILURE(S): 25

MANUFACTURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT

TIRE MANUFACTURER:

TIRE NAME:

TIRE SIZE:

ADDITIONAL COMMENTS

END OF FORM

 <p>Vehicle Owner's Questionnaire</p> <p>NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.hhtsa.dot.gov</p>	FOR AGENCY USE ONLY	
	Date Received	11 Feb 1998
	118	
	Oral or Rpt. Call Up to Date	
	Reference No. 821451	
425781	Work Number	
	Home Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
At 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) (Located at bottom of windshield or underhood sticker)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading			
	FORD	CROWN VICTORIA	1997				
Purchase Date	Dealer's Name		Engine Size (CID/CC)	Turbo Diesel Gas Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State	Zip Code	No Cylinders			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	DriveTrain	Vehicle Type	Body Style	
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sports Util. <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03242608	Part Name(s) BRAKES-HYDRAULIC-LINES/HOSE-NON-METALLIC	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(s)	Date(s) of Failure(s) 09-JAN-98	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mileage at Failure(s) 37000M	Vehicle Speed at failure(s)		

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 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)

THE BRAKE LINE IS MOUNTED SO CLOSE TO THE FLOOR AND THE TRANSMISSION THAT A HOLE WAS RUBBED THROUGH BY THE METAL ON THE VEHICLE. THE VEHICLE HAS NOT BEEN REPAIRED. SHOP UNABLE TO FIND HOSE TO REPLACE. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-555. 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.

CORRECT VIK # 1LNLM83

Form Approved OMB No. 2122-0505

 U.S. Department of Transportation National Highway Traffic Safety Administration		Auto Safety Hotline Vehicle Owner's Questionnaire RE <small>NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 368-0123 INTERNET: http://www.safercar.gov</small>		<small>100% Received 99 JAN 25 PM 2:58 OFFICE 19 Nov 1998 INVESTIGATION</small>		<small>100% AGENCY USE ONLY 343</small>
OWNER INFORMATION (Type or Print) <small>DEFECTIVE</small> [REDACTED] 484724 Work Number [REDACTED] 33791 Home Number <small>Date 11-31-99</small>						<small>Odor Rust Leak Upset</small> <small>Reference No. 831070</small>
<i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</i>						
Signature of Owner						
INFORMATION						
Vehicle Ident. No. (VIN) <small>(Received before or at time of manufacture)</small> <small>4LMM22P0VVA000000</small>		Vehicle Make <small>3891 LINCOLN</small>	Vehicle Model <small>TOWN CAR</small>	Vehicle Year <small>1996</small>	Current Odometer Reading <small>[REDACTED]</small>	
Purchase Date <small>11-31-95</small>	Dealer's Name <small>Acquisti's Lincoln Mercury 5501 Extension St. 29</small>	Zip Code <small>33711</small>		Engine Size <small>(CID/CCYL)</small>	<small>Turbo Diesel Gas Fuel Injection</small>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	<small>State</small>			No Cylinders		
Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	DriveTrain	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sports Util. <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <small>2-Door 4-Door Stationwagon Pick Up Truck Other</small>
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component <small>63842000</small>	Part Name(s) <small>BRAKE LINES BRAKE HYDRAULIC LINES: RUBBER/STEEL The brake lines were Metal</small>			Location <small>Left Front</small>	Failed Part(s) <small>Original Replacement</small>	
No of Failures	Date(s) of Failure(s) <small>13-NOV-98</small>			Failed Part(s) <small>Available?</small>	NHTSA Previously Contacted? <small><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</small>	
	Mileage at Failure(s) <small>50</small>					
	Vehicle Speed at failure(s) <small>50 miles p. hr.</small>					
APPLICABLE INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</small>						
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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>RECALL 9810001000. BRAKE LINE WEAR; WHEN DRIVING THE BRAKE LIGHT CAME ON, AND THE PEDAL WENT ALL THE WAY TO THE FLOOR. AFTER INSPECTION, BRAKE FLUID WAS LEAKING. ALSO, SPOTS AND RUST APPEARED WHERE THE CLAMPS WERE WORN OUT. DEALER STATES NO WARRANTY, AND VEHICLE DOES NOT COMPLY WITH THE RECALL. PROBLEM STILL EXISTS. *AK The Lines were Rusted and Clips were Rusted. The Lines had Rusted a hole. The fluid leaked out. I had to stop, but I was at a repair shop. Upon getting out I talked to</p>						
<small>CONTINUE ON BACK IF NEEDED</small>						
<small>The Privacy Act of 1974/Public Law 93-509 This information is being collected 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>						
<small>HS-Form 310 (Rev. 3/97)</small>						

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es)
A repair man fixed my car and took it out on
the ground. They patched the brake line so
I could get home. Upon inspection I could see mushy
rust and other places which were un-safe. At the
time they also replaced the busted clips with plastic ones.
The brake line had to be re-placed and was on 11-24-91
before I could drive it. We were told it was unsafe to
drive. I have the removed brake lines and pictures.
At the time I wanted a Lincoln repair look at the car
and they would not. (Gold tape by Lincoln Dealer Scattell)
We bought the car from Scattell in Clinton-St Petersburg, FL. The
car had some miles on it, but was under warranty (new car).
We were told it was a program car & also the car according to
the state of Florida had not been licensed. ADDITIONAL INFORMATION IF NECESSARY
We have included pictures.

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$200

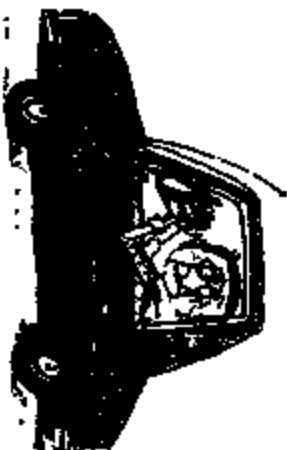
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POSTAGE WILL BE PAID BY NHTSA TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety
Administration
Information for registrants



DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2-DOT
1-888-327-4236

and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

**DOT AUTO SAFETY HOTLINE
QUESTIONNAIRE**



**VEHICLE
OWNER'S**

 Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 366-0123 INTERNET: http://www.safercar.dot.gov		FOR AGENCY USE ONLY 255 Date Received 1 Dec 1998 Od or rt ot od nt up dr Reference No. 631836			
OWNER INFORMATION (Type or Print) 467080 Work Number Home Number					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO To 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) (located at bottom of windshield on driver's side)		Vehicle Make MERCURY	Vehicle Model GRAND MARQUIS		
Vehicle Year 1997		Current Odometer Reading 			
Purchase Date	Dealer's Name _____		Engine Size (Cubic CCM) 		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____	State _____	Zip Code _____		
No Cylinders			<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control		
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		
DriveTrain	Vehicle Type		Body Style		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan	<input type="checkbox"/> Sports U/L <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		
<input type="checkbox"/> 4-Wheel		<input type="checkbox"/> Other	<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 03242000	Part Name(s) Brakes:HYDRAULIC:LINES:HOSE:NON-METALLIC		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 Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incidents, failures, crashes, and injuries) on the back of this form.</i>					
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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) <p>CONSUMER SAYS THAT SOMETHING UNDER THE VEHICLE HAS RUBBED THROUGH THE BRAKE LINE THAT GOES TO THE ANTI-LOCK SYSTEM. DEALER HAS BEEN CONTACTED.</p> <p>*AK</p>					
CONTINUE ON BACK IF NEEDED					
The Privacy Act of 1974-Public Law 93-559 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>HS-Form 300 (Rev. 3/97)</small>					

 U.S. Department of Transportation National Highway Traffic Safety Administration		Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 284	
		Date Received 23-NOV-1999		Od_pr _____ rt_dt _____ od_rt _____ up_ir _____	
				Reference No. 853259	
OWNER INFORMATION (Type or Print)				Work Number : Home Number :	
Do you own your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Date _____	
If no, send the name and address to the vehicle manufacturer.					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> LNLINME		Vehicle Make LINCOLN	Vehicle Model TOWN CAR	Vehicle Year 1996	Current Odometer Reading
Purchase Date _____		Dealer's Name _____		Engine Size <small>(CID/CC)</small> _____	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____ State _____ Zip Code _____		No Cylinders _____	
Transmission Type		Antilock Brakes		Restraint System	
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> DriverSide Airbag <input type="checkbox"/> PassengerSide Airbag	
<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
Vehicle Type				Body Style	
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		<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 03248000		Part Name(s) BRAKES:HYDRAULIC:LINES:FITTINGS:OTHER		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	
No of Failures		Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)		Failed Part(s) <small>Available?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				NHTSA Previously <small>Contacted?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(es) on the back of this form)</small>					
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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
THE BRAKE LINES RUSTED THROUGH CAUSING BRAKE FAILURE. THE DEALER HAS INSPECTED AND REPAIRED THE VEHICLE.					
<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 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>					



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

OWNER INFORMATION (Type or Print)

664880

12308

Work Number

Home Number

Do you authorize NHTSA
to release information
about your vehicle to the
manufacturer?

YES NO

Provide your name and address to the vehicle manufacturer.

Date 1/18/07

DEFECTS INVESTIGATION

Case No.
377548

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	Location of bottom of identification on driver's side	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
2MELM7SWVX80728		MERCURY	GRAND MARQUIS	1997	58,900	
Purchase Date <u>11/11/1997</u>	Dealer's Name <u>AMORAS FORD MERCURY</u>			Engine Size (CID/CC) <u>3.8L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>BURNT HILL, NY</u> Zip Code <u>12027</u>			No Cylinders <u>8</u>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> DriverSide Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> PassengerSide Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 02036009 02036008	Part Name(s) BRANDER-HYDRAULIC ANTI-SKID SYSTEM BRANDER-HYDRAULIC LINE FITTINGS	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
No. of Failures <u>0</u>	Date(s) of Failure(s) <u>05-10-2000</u> Mileage at Failure(s) <u>00000</u> Vehicle Speed at Failure(s) <u>40</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------------------	----------------------------------	---------------------------	---

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

WHILE DRIVING ABOUT 40 MPH AND WHEN STEPPING ON BRAKES , PEDAL WENT ALMOST TO FLOORBOARD. DEALER REPAIRED, BRAKE LINE, AND ADDED MORE BRAKE FLUID. *AK

METAL

LABOR 2-8 Hours # 179.20

BRAKE TUBE
+ FITTINGS

15.00

4.194.20

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 this questionnaire. Your responses 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		Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.safercar.gov		FOR AGENCY USE ONLY 284 Data Received _____ 28-MAR-2001 dd_mm_yy up_hr Reference No. 884408	
OWNER INFORMATION (Type or Print) 				Work Number _____ Home Number _____	
<input type="checkbox"/> Do you want NHTSA to provide your name and address to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.) (located at bottom of windshield on driver's side)		Vehicle Make LINCOLN	Vehicle Model TOWN CAR	Vehicle Year 1997	Current Odometer Reading _____
Purchase Date _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Used 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 type="checkbox"/> No <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag		Restraint System <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	
Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Drive Trac <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other	
Body Style <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle				<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 03250000 03240000		Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:LINES:FITTING		Location <input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		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 <input type="checkbox"/> Number of Fatalities <input type="checkbox"/> Estimated Property Damage <input type="checkbox"/> Reported to Police	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHEN BRAKES WERE APPLIED PEDAL WENT TO FLOOR, RESULTING IN EXTENDED STOPPING DISTANCE. DEALER HAS INSPECTED VEHICLE. BRAKE LINES ARE ON NATIONAL BACK ORDER. *AK					
<small>[CONTINUE ON BACK IF NEEDED]</small>					
The Privacy Act of 1974-Public Law 93-578 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 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 107 Date Received 23-MAY-2001 Od or _____ rt_dt _____ od_rt _____ up_dt _____ reference No. 889006	
OWNER INFORMATION (Type or Print)  893723				Work Number Home Number	
Do you plan to sell or transfer your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorized NHTSA TEL, provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2FALP7 		Vehicle Make FORD	Vehicle Model CROWN VICTORI	Vehicle Year 1997	Current Odometer Readin
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (Cubic Cyl) No Cylinders	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	Drive Trac	Vehicle Type
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 03346000		Part Name(s) BRAKES/HYDRAULIC-LINE&FITTINGS		Location <input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear
No of Failure 0		Date(s) of Failure(s) 18-MAY-2001 85555		Failed Part(s)	NHTSA Previously
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
CONSUMER HAD EXPERIENCED PROBLEMS WITH BRAKES JUST LIKE MENTIONED IN RECALL 981001 000. BRAKE LINE WORE OUT, THIS COULD LEAD TO BRAKE FLUID LOSS FOR REAR BRAKES. "AK					
<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>					

 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.safercar.dot.gov/voq		FOR AGENCY USE ONLY 768 Date Received: FEB 25 File No.: ed_01 45-NOV-2001? ed_1 DR No.: DR_01 Reference No.: By9222				
OWNER INFORMATION (Type or Print) [REDACTED] 726899 [REDACTED] 84785 Work Number: [REDACTED]						
<small>In the absence of an entitlement, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</small> <small>Signature of Owner</small> <small>Date 11/26/01</small>						
VEHICLE INFO Vehicle Ident. No. (VIN) located at bottom of windshield on driver's side: 1LNLM81W2VY640086 Vehicle Make: LINCOLN Vehicle Model: TOWN CAR Vehicle Year: 1997 Current Odometer Reading: 75536 Purchase Date: 09/18/97 Dealer's Name: St. George Ford/Lincoln/Mercury Engine Size (CID/CC/L): 3.8 Turbo: <input checked="" type="checkbox"/> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used City: St. George State: UT Zip Code: 84770 Diesel: <input type="checkbox"/> <input type="checkbox"/> Gas: <input type="checkbox"/> Fuel Injectio: <input checked="" type="checkbox"/>						
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brake System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input checked="" type="checkbox"/> Passenger-side Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style: <input type="checkbox"/> Sport Util. <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION Component: 03240080 Part Number: 1 BRAKES-HYDRAULIC LINE Location: Center of Chassis Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement						
No. of Failures: 1	Date(s) of Failure(s): 09-NOV-2001	Mileage at Failure(s): 75536	Vehicle Speed at Failure(s): 10 mph	Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>						
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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) <small>Explain below</small> <p>DURING INSPECTION DEALER DETERMINED THAT BRAKE LINE HAD BEEN RUBBING AGAINST CHASSIS, CAUSING BRAKE LINE TO RUPTURE. WHEN REPAIR SHOP WENT TO FORD DEALER FOR REPAIR PARTS, THEY WERE GIVEN A ROLL OF TUBING, ONTO WHICH THE SHOP WAS SUPPOSED TO AFFIX FITTINGS. KNOWING THIS WAS NOT SAFE, AS SUCH FITTINGS SHOULD BE PUT ON BY PROPER TOOLS, THEY SENT BACK THE FORD PARTS, AND BOUGHT THE BRAKE LINE FROM A NAPA DEALER.</p>						
(OVER)						
<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 this questionnaire. Your responses will 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 responses, or a statistical summary thereof, may be used in support of the agency's action.</small>						

Print or Type Return Address (no memo line)		with tape or staple and mail	
INFORMATION ON THE TIRE			
TIRE IDENTIFICATION NO.*		APPLICABLE	
DOT		MANUFACTURER/TIRE NAME	SIZE
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side carcass, the sidewall or on either side of a blackwall tire.			
NARRATIVE DESCRIPTION (CONTINUE)			

I called Lincoln in Detroit to advise them of this serious problem, and had them call the service manager at the local Ford dealer, as I wanted the Ford Area Representative to look at the failed part from such a serious failure, but the part has disappeared. I understand that there has been a recall on the Lincoln version of this vehicle; it would appear appropriate to recall this car as well.

* U.S.GPO: 1980 - 020-027/0220

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration
400 Seventh St., S.W.
Washington, D.C. 20590

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

 <p>Vehicle Owner's Questionnaire</p> <p>Auto Safety Hotline NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>				FOR AGENCY USE ONLY 231				
OWNER INFORMATION (Type or Print)				Date Received 28-MAR-2002	Od_Or _____ Pt_Or _____ od_Rl _____ ap_Itr _____ Reference No. 8006620			
				Work Number Home Number _____				
Do you own or lease your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO								
In the event of a recall, would you like to receive information about your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Signature of owner _____ Date _____								
VEHICLE INFORMATION								
Vehicle Ident. No. (VIN.) 2FALP74		(Located at bottom of steering column on driver's side)	Vehicle Make FORD	Vehicle Model CROWN VICTORI	Vehicle Year 1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____	Engine Size (CID/CC/L) <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio					
		City _____ State _____ Zip Code _____	No Cylinders _____					
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> DriverSide Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Util <input type="checkbox"/> Truck <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 06222000	Part Name(s) FUEL-CARBURETOR:SINGLE-MANIFOLD:INTAKE				Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement		
No of Failure 1	Dates of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) _____ 60				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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured		Number of Fatalities	Estimated Property Damages		Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
<p>CONSUMER STATE WHILE TRAVELING 60 MPH NOTICE ANTI FREEZE BURNING SMELL IN SIDE VEHICLE. CONSUMER STOP A SERVICE STATION AND NOTICE ANTI FREEZE ALL OVER ENGINE. VEHICLE WAS SERVICE BY TECHNICIAN AND REPLACE INTAKE MANIFOLD. PLEASE PROVIDE FURTHER INFORMATION. NLM</p> <p><i>MIKE HAD TWO COMPLAINTS ON SAME CAR. MIKE HAD BREAK LINE LEAK UNDER DRIVERS SIDE DOOR NEAR "BLACK BUNKER WHIP" HAS PICTURES OF REPAIR</i></p>								
CONTINUE ON BACK IF NEEDED								
<p>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.</p>								

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>				FOR AGENCY USE ONLY 778	
				Date Received 17-JUL-2002	Repository <input type="checkbox"/>
				Reference No. 8014136	
OWNER INFORMATION (Type or Print)					
Name [REDACTED]				Daytime Telephone Number [REDACTED]	E-mail Address
Address [REDACTED]				Evening Telephone Number [REDACTED]	
City [REDACTED]					
<p><i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</i></p> <p><i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i></p> <p>Signature of Owner _____ Date / /</p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FALP74 [REDACTED]			Make FORD	Model CROWN VICTORIA	Model Year 1995
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	Antilock Brakes <input checked="" type="checkbox"/>	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC FOUNDATION COMPONENTS		
Multiple Failure: 1					
FAILED COMPONENT(S) / PART(S) INFORMATION					
Incident Date(s) 07-JUL-2002	Failure Mileage	Failure Speed 35			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)			Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC0036)	<input type="checkbox"/> Original Equipment <input checked="" type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:		Model No./Name:		
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
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 Deaths	Reported to Police N	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies).</p> <p>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</p> <p>CONSUMER APPLIED BRAKES AT 35 MPH AND THE PEDAL WENT TO THE FLOOR, NO BRAKING ACTION. MECHANIC (FRIESNILL AUTO REPAIR) DETERMINED THAT THE REAR BRAKE LINE HAD RUPTURED. REAR BRAKE LINES WERE REPAIRED. *AK *SCC REFERENCED IN RQ03-004</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.</small>					

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p align="center">DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET www.safercar.gov/hotline</p>				FOR AGENCY USE ONLY 254							
				Data Received 06-SEP-2002	Repository <input type="checkbox"/>						
				Reference No. 8016081							
OWNER INFORMATION (Type or Print) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name</td> <td>Daytime Telephone Number</td> </tr> <tr> <td>Address</td> <td>E-mail Address</td> </tr> <tr> <td>City</td> <td>Evening Telephone Number</td> </tr> </table>						Name	Daytime Telephone Number	Address	E-mail Address	City	Evening Telephone Number
Name	Daytime Telephone Number										
Address	E-mail Address										
City	Evening Telephone Number										
<p><i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</i></p> <p><i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i></p> <p>Signature of Owner _____ Date _____</p>											
VEHICLE INFORMATION											
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make LINCOLN	Model TOWN CAR	Model Year: 1997						
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas						
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code								
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1								
FAILED COMPONENT(S)/PART(S) INFORMATION											
Incident Date(s) 22-AUG-2002	Failure Mileage	Failure Speed 30									
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE											
Tire Make	Tire Model (Name or Number)			Tire Size (Example P215/65R15)							
DOT No. (Example: DOT M1A9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:								
Tire Component Code	Tire Failure Type										
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE											
Make:	Date Manufactured:		Model No./Name:								
Seat Type:	Installation System:										
Child Seat Component Code:	Failed Part:										
APPLICABLE INCIDENT INFORMATION											
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(es).)											
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 Deaths	Reported to Police N							
<p><i>Narrative Description of Incident(s), Crash(es), and Injury(es).</i></p> <p><i>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</i></p>											
<p>OWNER ATTEMPTED TO PULL OUT ONTO A MAJOR ROAD AND BRAKE PEDAL DESCENDED TO FLOOR. OWNER NOTICED THAT ALL FLUID HAD RUN OUT ONTO THE GROUND. A STEEL BRAKE LINE THAT RAN PARALLEL WITH GAS LINE HAD RUSTED THROUGH. *AK *YH REFERENCED IN RQ03-004</p>											
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>								
<p><small>The Privacy Act of 1974-Public Law 93-573 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 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></p>											

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/botline

FOR AGENCY USE ONLY 111

Date Received	Repository <input type="checkbox"/>
17-SEP-2002	Reference No. 8D18791

Name [REDACTED]
 Address [REDACTED]
 City [REDACTED] Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
 Evening Telephone Number [REDACTED]

Do you wish to remain anonymous? manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2MELM74W4SX674468		Make MERCURY	Model GRAND MARQUIS	Model Year 1995
Date Purchased _____ Dealer's Name and Telephone Number _____		Engine: No. Cylinders _____		Fuel Type: _____
Original Owner <input type="checkbox"/>	Dealer's City _____		State _____ Zip Code _____	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure:	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
------------------	-----------------	---------------	--

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
----------	-----------------------------	--------------------------------

DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
----------------------------------	--	-------------------

The Component Code	Tire Failure Type
--------------------	-------------------

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
-------	--------------------	-----------------

Seat Type:	Installation System:
------------	----------------------

Child Seat Component Code:	Failed Part:
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APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(es).)

Crash <input type="checkbox"/> Yes	Fire <input type="checkbox"/> Yes	Number of Persons Injured	Number of Deaths	Reported to Police <input type="checkbox"/> N
------------------------------------	-----------------------------------	---------------------------	------------------	---

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING VEHICLE LOST ALL BRAKING POWER WHEN BRAKE PEDAL WAS APPLIED. OWNER HAD VEHICLE TOWED TO DEALERSHIP, AND WAS INFORMED THAT STEEL BRAKE LINE HAD RUSTED IN TWO PLACES. THIS CAUSED SEVERE LOSS OF BRAKE FLUID. PLEASE DESCRIBE DETAILS. *AK REFERENCED IN RQ03-004

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.safercar.dot.gov/hotline	
				FOR AGENCY USE ONLY 1375 Date Received 19-SEP-2002 Reference No. 8019117	
OWNER INFORMATION (Type or Print) Name _____ Address _____ City _____ Do you authorize NHTSA to release your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date _____					
VEHICLE INFORMATION 17 digit Vehicle Identification Number located at bottom of windshield on driver's side: Male MERCURY Model GRAND MARQUIS Model Year 1995 Date Purchased _____ Dealer's Name and Telephone Number _____ Original Owner <input checked="" type="checkbox"/> Dealer's City _____ State _____ Zip Code _____ Engine: _____ No. Cylinders _____ Fuel Type: _____					
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Powertrain <input type="checkbox"/> Cruise Control				Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: _____	
FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s) 01-AUG-2002 Failure Mileage _____ Failure Speed _____ 					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Make _____ The Model (Name or Number) _____ Tire Size (Example P215/65R15) DOT No. (Example DOTM1A9ABC036) _____ <input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair Failure Location: _____					
Tire Component Code _____				Tire Failure Type _____	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: _____ Date Manufactured: _____ Model No./Name: _____ Seat Type: _____ Installation System: _____ Child Seat Component Code: _____ Failed Part: _____					
APPLICABLE INCIDENT INFORMATION (Please describe in detail the Incident(s), Failure(s), Causes(s), and Injury(ies).)					
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 Deaths	Reported to Police N	
<p>Describe Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</p>					
BRAKE FAILURE WHILE DRIVING. VEHICLE CHECKED BY DEALER, WHO DETERMINED THAT REAR BRAKE LINES WERE COMPLETELY RUSTED/DISINTEGRATED. *AK REFERENCED IN RQ03-004					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974-Public Law 93-550 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.					

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>				FOR AGENCY USE ONLY 111 Date Received Repository <input type="checkbox"/> 08-OCT-2002 Reference No. 8020435	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: [REDACTED]				Daytime Telephone Number: _____ E-mail Address: _____ Evening Telephone Number: _____	
<p><i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i></p> <p>Signature of Owner: _____ Date: / /</p>					
VEHICLE INFORMATION 17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1LNUW0[REDACTED] Make: LINCOLN Model: TOWN CAR Model Year: 1997 Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: _____ Fuel Type: _____ Original Owner: _____ Dealer's City: _____ State: _____ Zip Code: _____ Transmission Type: <input type="checkbox"/> Antilock Brakes Powertrain: _____ <input type="checkbox"/> Cruise Control Vehicle Component Code: 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: _____					
FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s): _____ Failure Mileage: _____ Failure Speed: _____					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE The Make: _____ Tire Model (Name or Number): _____ The Size (Example P215/65R15): _____ DOT No. (Example: DOTM1A1BABC036): _____ Original Equipment: _____ Prior Repair: _____ Failure Location: _____ Tire Component Code: _____ Tire Failure Type: _____					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: _____ Date Manufactured: _____ Model No./Name: _____ Seat Type: _____ Installation System: _____ Child Seat Component Code: _____ Failed Part: _____					
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)</i> 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 Deaths: _____ Reported to Police: <input type="checkbox"/> N Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
<p>WHEN BRAKES WAS APPLIED THE VEHICLE FAILED TO STOP. THE OWNER HAD THE BRAKES CHECKED OUT WHICH INFORMED HIM THE BRAKE LINE HAD RUSTED AND ALLOWED BRAKE FLUID TO LEAK OUT. PLEASE DESCRIBE DETAILS. *MR REFERENCED IN RQ3-004</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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 responses 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 To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 23B																															
		Date Received	Repository <input type="checkbox"/>																																
		09-OCT-2002	Reference No. B020478																																
OWNER INFORMATION (Type or Print) <table border="1"> <tr> <td>Name</td> <td colspan="2"></td> <td>Daytime Telephone Number</td> <td colspan="2">E-mail Address</td> </tr> <tr> <td>Address</td> <td colspan="2"></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td colspan="2"></td> <td>Zip Code</td> <td colspan="2"></td> </tr> </table>						Name			Daytime Telephone Number	E-mail Address		Address						City			Zip Code														
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City			Zip Code																																
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VEHICLE INFORMATION <table border="1"> <tr> <td colspan="2">17 digit Vehicle Identification Number Located at bottom of windshield on driver's side PLEASE PROVIDE</td> <td>Make</td> <td colspan="2">Model</td> <td>Model Year</td> </tr> <tr> <td colspan="2"></td> <td>MERCURY</td> <td colspan="2">MARQUIS</td> <td>1995</td> </tr> <tr> <td>Date Purchased 01-APR-95</td> <td colspan="3">Dealer's Name and Telephone Number</td> <td>Engine:</td> <td>Fuel Type:</td> </tr> <tr> <td>Original Owner <input checked="" type="checkbox"/></td> <td>Dealer's City</td> <td>State</td> <td>Zip Code</td> <td>No: Cylinders</td> <td>Gas</td> </tr> <tr> <td>Transmission Type AUTOMATIC</td> <td><input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control</td> <td>Powertrain REAR WHEEL DRIVE</td> <td colspan="3">Vehicle Component Code D33110 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:VACUUM:HO Multiple Failure: 1</td> </tr> </table>						17 digit Vehicle Identification Number Located at bottom of windshield on driver's side PLEASE PROVIDE		Make	Model		Model Year			MERCURY	MARQUIS		1995	Date Purchased 01-APR-95	Dealer's Name and Telephone Number			Engine:	Fuel Type:	Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	No: Cylinders	Gas	Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code D33110 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:VACUUM:HO Multiple Failure: 1		
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FAILED COMPONENT(S)/PART(S) INFORMATION <table border="1"> <tr> <td>Incident Date(s) 03-OCT-2002</td> <td>Failure Mileage</td> <td>Failure Speed</td> <td colspan="3"></td> </tr> </table>						Incident Date(s) 03-OCT-2002	Failure Mileage	Failure Speed																											
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Child Seat Component Code:	Failed Part:																																		
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the Incident(s), Failure(s), Cause(s), and Injury(ies).)</i> <table border="1"> <tr> <td>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Number of Persons Injured</td> <td>Number of Deaths</td> <td colspan="2">Reported to Police N</td> </tr> </table>						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 Deaths	Reported to Police N																									
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CONSUMER STATES THAT THE METAL BRAKE LINES RUSTED IN HALF WHILE THE CONSUMER WAS DRIVING. CONTACTED DEALER PLEASE PROVIDE FURTHER INFORMATION. MR REFERENCED IN RQ03-004																																			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY																																
<small>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.</small>																																			

 Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline					FOR AGENCY USE ONLY 1367	
<small>U.S. Department of Transportation National Highway Traffic Safety Administration</small>					Date Received: <u>08-NOV-2002</u> Office: EFFECTS INVESTIGATOR Reference No.: 6022305	
OWNER INFORMATION (Type or Print) <div style="background-color: black; height: 40px; width: 100%; margin-bottom: 5px;"></div> <u>785825</u> <small>Do you own or lease your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</small> <small>In the absence of an owner, enter name and address to the vehicle manufacturer.</small> <small>Signature of Owner <u>Bob Bennett</u> Date <u>11/12/02</u></small>						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) Located at bottom of windshield on driver's side: 2FALP74M		Vehicle Mkt FORD	Vehicle Model CROWN VICTORI	Vehicle Year 1997	Current Odometer Reading 91,000	
Purchase Date		Dealer's Name Bob Bennett		Engine Size (CID/CC/L) 4.6L	<input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City Columbia , State SC , Zip Code 29209		No Cylinders 8		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver/Side Airbag <input checked="" type="checkbox"/> Passenger/Side Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" 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 03240000	Part Name(s) BRAKES-HYDRAULIC-LINES-FITTINGS			Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original Replacement	
No of Failures	Date(s) of Failure(s) 05-NOV-2002 Mileage at Failure(s) 90000 Vehicle Speed at Failure(s)			Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage \$500	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>WHILE DRIVING, DRIVER APPLIED BRAKES. THEY DID NOT HOLD, WHICH RESULTED IN VEHICLE HAVING EXTENDED STOPPING DISTANCE. THIS ALMOST CAUSED AN ACCIDENT. UPON INSPECTION OF VEHICLE, THE DRIVER NOTICED THAT THE BRAKE FLUID HAD LEAKED OUT CAUSED BY A HOLE IN THE BRAKE LINE. MR</p> <p>This model was recalled for not enough clearance between the Brake line + the underbody of the car. Only taxi's + Police Cars, no recall for general public incidently a taxi squeaked here just this week</p>						
CONTINUE ON BACK IF NEEDED						
<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>						

 U.S. Department of Transportation National Highway Traffic Safety Administration				DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-800-DASH-2-DOT (1-800-327-4236) INTERNET: www.safercar.gov/hotline	
				FOR AGENCY USE ONLY Date Received _____ Repository <input type="checkbox"/> 103 Arbor Glade Dr. 2 Reference No. 10001439	
OWNER INFORMATION (Type or Print) Name [REDACTED] Address [REDACTED] City [REDACTED]				Daytime Telephone Number [REDACTED] E-mail Address _____ Evening Telephone Number [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>3/13/03</u>					
VEHICLE INFORMATION 17 digit Vehicle Identification Number located at bottom of windshield on driver's side: PROVIDE Male LINCOLN Model TOWN CAR Model Year 1996 Date Purchased Dealer's Name and Telephone Number <u>J-100 PARK JONES MERCURY</u> Original Owner Dealer's City <u>PLYMOUTH</u> State <u>MI</u> Zip Code <u>48170</u> Engine: <u>8</u> Fuel Type: <u>CLEAN RFGD RTG</u> Transmission Type: <input checked="" type="checkbox"/> Anti-lock Brakes Powertrain Vehicle Component Code AUTOMATIC <input type="checkbox"/> Cruise Control <u>D40000 SERVICE BRAKES, AIR:ANTILOCK</u> Multiple Failure: _____					
FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s) <u>02-DEC-2002</u> Failure Mileage <u>89,000</u> Failure Speed <u>15 MPH</u> Ruptured BRAKE LINE - 10TH 73 <u>T-Hinge A 1983</u>					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____ DOT No. (Example: DOT1015ABCD056) _____ Original Equipment <input type="checkbox"/> Prior Repair <input type="checkbox"/> Failure Location: _____ The Component Code _____ Tire Failure Type: _____					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: _____ Date Manufactured: _____ Model No./Name: _____ Seat Type: _____ Installation System: _____ Child Seat Component Code: Failed Part: _____					
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the accident, Fatality, Crash date, and injury level.)</i> 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 Deaths _____ Reported to Police N _____					
Narrative Description of Death(s), Crash(es), and Injury(ies). Please describe (1) accident leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
THE BRAKES RUPTURE THE METALLIC BRAKES LINE WHILE APPLYING THE BRAKES NO BRAKES WERE PRESENT AT THE TIME. PLEASE FURNISH ADDITIONAL INFORMATION TO:					
<p style="text-align: center;"><u>GREAT DEAL OF CORROSION SPOTS INDICATE Future Points OF POSSIBLE RUPTURE OF LINES & BRAKE FAILURE.</u></p> <p style="text-align: center;"><u>I HAD BEEN TRAVELING ON I-75 AT 70 MPH IT WOULD HAVE BEEN A MAJOR ACCIDENT.</u></p> <p style="text-align: center;"><u>IT COULD HAVE RESULTED IN A CRASH INTO JACK POPOETTE OR MACKINAW CITY MI 49758 GARAGE MAN JACK POPOETTE OR MACKINAW CITY MI 49758 GARAGE SYSTEM. DOOMED THE POLICE GET RID OF CAR IF I WAS UNABLE TO REPAIR IT.</u></p> <p style="text-align: center;"><u>WELL MY LIFE & THAT OF FAMILY/FRIENDS - UP TO 700+ FOR TOTAL REPAIR & REPAIR.</u></p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<small>The Privacy Act of 1974/Public Law 93-557 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 responses 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 responses, or statistical summary thereof, may be used in support of the agency's action.</small>					

Multiple Definitions of Incident(s), Fault(s), Collision(s), and Impairment(s)

very much larger, about 30 or 40 cm tall, sprouting with numerous 2
lobed & -plashed, fleshy leaves which are the foliage which will
root, while an offshoot which remains among the
foliage of the root does no more than send up other new
shoots, until just a few small tubers are visible upon the
stems and after a short interval one of them drops off
& we obtained two small tubers after barely half
an hour's search. The soil was a light brown sand
+ except where plants were growing there was
nothing else to be seen. At an early age
we had to take the path + walk along right
below the main road, so as to get to the
water, which was about 100 m away.

[Установка и эксплуатация](#)



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ST. LOUIS, MO 63101

ИМЯ УЧИТЕЛЯ ОБРАЩАЕТСЯ К МИРУ ЧЕРЕЗ СЛОВА ИХ ПРОФЕССИИ

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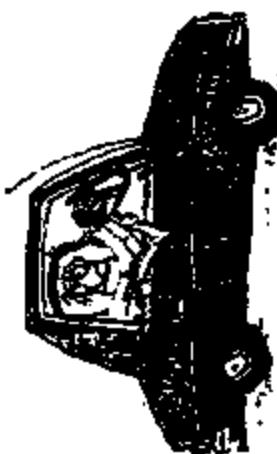
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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

10-FEB-2003

Reference No.
10005652**OWNER INFORMATION (Type or Print)**

Name

Address

City

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNU [REDACTED]		Make LINCOLN	Model TOWN CAR	Model Year 1996
Date Purchased 19-DEC-98	Dealer's Name and Telephone Number SUSSMAN LINC-MERC 215 884-3400		Engine: No. Cylinders 82	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City JENKINTOWN	State PA	Zip Code 19046	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 042600 SERVICE BRAKES, AIR SUPPLY:HOSES, LINES/PIPING, AND I Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-AUG-2002	Failure Mileage 69000	Failure Speed 35	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	The Size (Example P215/65R15)
DOT No. (Example: DOTMABABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:

Tire Component Code	The Failure Type
---------------------	------------------

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crashes) and injury(ies).)

Crash <input type="checkbox"/> Yes	Fire <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., part repaired or replaced (and if old part is available).

SUDDEN LOSS OF BRAKES, PEDAL WENT TO THE FLOOR. I PULLED INTO A MIDAS BRAKE SHOP AND THEY PUT THE CAR IN THE LIFT AND FOUND THAT HE ENTIRE BRAKE LINE FROM THE LEFT REARWHEEL CROSSING OVER TO THE RT. REAR WHEEL WAS CORRODED AND FULL OF PIN HOLES. THIS CAR WAS WELL MAINTAINED BUT THIS IS A PROBLEM THAT WOULD NOT APPEAR REFERENCED IN RQ03-004

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-555 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 responses 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 <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>			FOR AGENCY USE ONLY 335 Date Received 27-MAR-2003 Repository <input type="checkbox"/> Reference No. 10014579	
OWNER INFORMATION (Type or Print) <p>Name: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>City: [REDACTED]</p> <p><i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i></p> <p>Signature of Owner _____ Date: / /</p>			Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FALP7 [REDACTED]			Make: FORD	Model: CROWN VICTORIA
Date Purchased:	Dealer's Name and Telephone Number			Engine: No. Cylinders: 8
Original Owner	Dealer's City		State	Zip Code
Transmission Type	<input type="checkbox"/> AntiLock Brakes <input type="checkbox"/> Cruise Control	Powertrain: REAR WHEEL DRIVE		Vehicle Component Code: 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
20-MAR-2003	103000			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:		Date Manufactured:	Model No./Name:	
Seat Type:		Installation System:		
Child Seat Component Code:		Failed Part:		
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
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 Deaths	Reported to Police <input type="checkbox"/> N
Normative Description of Incident(s), Crash(es), and Injury(ies). <i>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</i>				
THE BRAKE LINE RUSTED, WHICH CAUSED THE REAR BRAKES TO FAIL. *JB REFERENCED IN RQD3-004				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
The Privacy Act of 1974-Public Law 93-509 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 responses 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 TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.safercar.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received	Repository <input type="checkbox"/>
07-APR-2003	Reference No. 10015285

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City		Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNLM	Make LINCOLN	Model TOWN CAR	Model Year 1997
Date Purchased	Dealer's Name and Telephone Number		
Original Owner	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-MAR-2003	Failure Mileage 76000	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTWHA1ABC136)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
The Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING THE VEHICLE'S BRAKE LINE FAILED WHICH RESULTED IN THE CONSUMER VEHICLE REAR ENDING ANOTHER VEHICLE. THE DEALER WAS NOTIFIED. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-509 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 responses 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 responses, 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				FOR AGENCY USE ONLY 100148 Date Received _____ Repository <input type="checkbox"/> 28-APR-2003 Reference No. 10015560	
DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET www.nhtsa.dot.gov/hotline					
OWNER INFORMATION (Date of Birth) Name [REDACTED] Daytime Telephone Number [REDACTED] Address [REDACTED] E-mail Address [REDACTED] City [REDACTED] Evening Telephone Number [REDACTED]					
Do you want NHTSA to keep your name and address? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date / / _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1LNH [REDACTED]			Make LINCOLN	Model TOWN CAR	Model Year 1997
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 27-APR-2003	Failure Mileage 64302	Failure Speed 35			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTMALSABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:		Model No./Name:		
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. Ex. parts repaired or replaced (and if old part is available).					
WHILE DRIVING ON SUNDAY, WENT TO APPLY THE BRAKES AND THE PEDAL WENT TO THE FLOOR - ALSO NOTICED THE BRAKE LIGHT CAME ON. CHECKED THE FLUID AND FOUND IT ALMOST GONE. TOOK THE CAR TO THE DEALER ON MONDAY AND WAS TOLD THE BRAKE LINES WERE RUSTED AND NEEDED REPLACING. WAS ALSO TOLD MY FORD EXTENDED WARRANTY WOULD NOT COVER THE PROBLEM SINCE IT WAS CAUSED BY RUST/CORROSION. *NLM					
Include, If Available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.					



BST Auto Safety Hotline

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

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.safercar.dot.gov/hotline

FOR AGENCY USE ONLY 19979

Date Received 2003 MAY 27 AM 9: 24-APR-2003	Repository <input type="checkbox"/> 39 Reference No. 10017531
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OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number
Address	E-mail Address
City	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the vehicle owner of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Identification Number (VIN) located on front of dash or window sticker at GMV's site		Make LINCOLN	Model TCMNC CAR	Model Year 1995
Date Purchased 6-31-95	Dealer's Name and Telephone Number Bob Borst L-M (248) 643-6600	Engine: No. Cylinders 8	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City TROY	State MI	Zip Code 48064	
Transmission Type <input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4.6L EFT V8 Elec. Auto O/D	Vehicle Component Code 034530 SERVICE BRAKES, HYDRAULIC FOUNDATION COMPONENTS		
		Multiple Failure: 2		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-APR-2003	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:

Tire Component Code	Tire Failure Type
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Major:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Frame Part:	

APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident, Failure(s), Condition, and Injury(s).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(s), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure.
Ex: parts repaired or replaced (and if old part is available).

THE FRONT ROTORS WERE REPLACED TWICE, AND THERE WAS STILL A PROBLEM WITH THE BRAKING SYSTEM NOT WORKING EFFECTIVELY.
*JB

PLEASE SEE ATTACHED REPORTS AND DOCUMENTATION

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-557) This information is requested pursuant to authority granted in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your information 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

SUPPLEMENTAL ATTACHMENT

TO: U.S. Department of Transportation
RE: National Highway Traffic Safety Administration
Reference No. 10017531

From:

SUMMARY

Premature front brake rotor failure (at 29,134 miles) and rear brake line failure (at 47,931 miles) on our 1995 Lincoln Town Car is evidence of unsatisfactory brake system design that should be investigated to protect against the possible loss of innocent lives.

BACKGROUND

1995 Lincoln Town Car (VIN - 1LNLM81W8SY763614) is my wife's car. She leased the car new and purchased it at lease end. We have been going to Bob Borst Lincoln-Mercury for all service work (except brake linings installed at 29,134 miles). The car has only been driven about 7,000 miles per year (locally) and is kept in an enclosed garage when not driven.

On August 31, 1999, at 29,134 miles, Bob Borst L-M advised us that the car needed front brake linings (only). We also took the car to Midas for an inspection. Midas confirmed the need for front brake linings, but also advised us of the need for front brake rotors because the thickness of our rotors were measured at .968 versus the required factory specification minimum of .974 (see attachment). We had Midas install brake linings only and returned the car to Bob Borst L-M to inspect the front brake rotors since the car was still under warranty. When Bob Borst L-M confirmed Midas's findings a Ford Factory Service Representative was called in to inspect the car. He authorized front brake rotor replacement, under warranty, at 29,134.

On April 17, 2003, at 47,931 miles, my wife's brake warning light would not turn off. The car was taken to Bob Borst L-M, and after inspection, we were told that the rear brake lines had rusted out resulting in brake fluid loss. We were also told the car again needed to have the front brake rotors and linings replaced (both were previously replaced at 29,134 miles). We authorized the brake line repair only (since the car could not be driven otherwise), and requested the Ford Factory Service Representative again inspect the car. The Ford Factory Service Representative declined any further action.

On May 7, 2003, I called Lincoln Customer Service at Ford Motor Co. regarding this matter. They also declined to take any action.

CONCLUSION

On a car that is driven only 7,000 miles a year and is garaged when not in use, to have front brake rotor failure at 29,134 miles and rear brake line failure at 47,931 miles is important evidence that the brake system design and/or possible use of defective parts and materials should be investigated and action taken to protect against the possible loss of innocent lives.

MIDAS

Brake System Inspection Report

No. R 5868671



NAME	VEHICLE NUMBER	THE INSPECTOR (NAME)	DATE
ADDRESS	CITY STATE		ZIP 48302
YEAR 93 MAKE TAC MODEL TC	VIN	ENGINE/REPLACEMENT	
RELEASE OF LAST BRAKE FLUID CHARGE	RECOMMENDED BRAKE FLUID SERVICE INTERVAL	RODOMETER 191346	LICENSE NO. & STATE ICE 364
PARKING LOT AND ROAD TEST (check all observations that apply)			
<input type="checkbox"/> Corrosion	<input type="checkbox"/> BRAKE CUSHIONING	LOCATION	<input type="checkbox"/> BRAKE FLUID LEVEL
<input type="checkbox"/> Mismatch	<input type="checkbox"/> Leaking	LF RF LR RR	<input checked="" type="checkbox"/> Normal
<input type="checkbox"/> Damaged Brake Lines	<input type="checkbox"/> Missing	LF RF LR RR	<input type="checkbox"/> Low
<input type="checkbox"/> Missing Line Hoses	<input type="checkbox"/> Broken	LF RF LR RR	<input type="checkbox"/> High
<input type="checkbox"/> Leaking	<input type="checkbox"/> Internal	LF RF LR RR	<input type="checkbox"/> Severe
REAR BRAKE TEST		<input type="checkbox"/> OUT OF SERVICE	
<input type="checkbox"/> Firm	<input type="checkbox"/> Pedal Free	<input type="checkbox"/> IN SERVICE	
<input type="checkbox"/> Hard	<input type="checkbox"/> Pedal Sensitive	<input type="checkbox"/> WHEN	
<input type="checkbox"/> Lock Up	<input type="checkbox"/> Pad	<input type="checkbox"/> SENSE	
FRONT BRAKE TEST		<input type="checkbox"/> EXHAUST TESTED	
<input type="checkbox"/> Firm	<input type="checkbox"/> Pedal Free	<input type="checkbox"/> LIGHTS	
<input type="checkbox"/> Hard	<input type="checkbox"/> Pedal Sensitive	<input type="checkbox"/> Brake/Washer On	<input type="checkbox"/> Normal
<input type="checkbox"/> Lock Up	<input type="checkbox"/> Pad	<input type="checkbox"/> ABS On	<input type="checkbox"/> Low
		<input type="checkbox"/> INOPERATIVE	<input type="checkbox"/> ABS Pending
			<input type="checkbox"/> Poor Brake Light Response
ROAD TEST NOTES:			

INSPECTED VEHICLE AND INSPECTOR

Master cylinder	Front cylinder	Side Brake Lines
<input checked="" type="checkbox"/> S 100% C	<input checked="" type="checkbox"/> S 100% C	<input checked="" type="checkbox"/> S 100% C
Low fluid level		Location
<input type="checkbox"/> Front	<input type="checkbox"/> Rear	
Brake fluid		Parking Brake Service
<input checked="" type="checkbox"/> S 100% C		<input checked="" type="checkbox"/> S 100% C
Type Specified		Location (circle)
F LF RF LR RR		

FRONT LEFT		Tires		FRONT RIGHT	
Brake fluid	<input type="checkbox"/> S 100% C	Front	<input type="checkbox"/> S 100% C	Front	<input type="checkbox"/> S 100% C
Heads	<input type="checkbox"/> S 100% C	H. Br.	<input type="checkbox"/> S 100% C	H. Br.	<input type="checkbox"/> S 100% C
Brake Lines or Caliper/Hose	<input type="checkbox"/> S 100% C	Caliper or master cylinder leaking	<input type="checkbox"/> S 100% C	Caliper or master cylinder leaking	<input type="checkbox"/> S 100% C
Brake Mastercyl.	<input checked="" type="checkbox"/> S 100% C	Brake fluid pipe bolts or retaining screws	<input type="checkbox"/> S 100% C	Brake fluid pipe bolts or retaining screws	<input type="checkbox"/> S 100% C
Self Adjuster	<input checked="" type="checkbox"/> S 100% C	S. Br. Wheel lock or nuts	<input type="checkbox"/> S 100% C	S. Br. Wheel lock or nuts	<input type="checkbox"/> S 100% C
Brake or wheel cylinder	<input checked="" type="checkbox"/> S 100% C				
Pad or shoe	<input checked="" type="checkbox"/> S 100% C				
Brake drum	<input type="checkbox"/> S 100% C				
Backing plate	<input type="checkbox"/> S 100% C				
Seal	<input type="checkbox"/> S 100% C				
Wheel bearing	<input type="checkbox"/> S 100% C				
REAR LEFT		Tires		REAR RIGHT	
Brake fluid	<input type="checkbox"/> S 100% C	Front	<input type="checkbox"/> S 100% C	Front	<input type="checkbox"/> S 100% C
Heads	<input type="checkbox"/> S 100% C	H. Br.	<input type="checkbox"/> S 100% C	H. Br.	<input type="checkbox"/> S 100% C
Brake Lines or Caliper/Hose	<input type="checkbox"/> S 100% C	Caliper or master cylinder leaking	<input type="checkbox"/> S 100% C	Caliper or master cylinder leaking	<input type="checkbox"/> S 100% C
Brake Mastercyl.	<input type="checkbox"/> S 100% C	Brake fluid pipe bolts or retaining screws	<input type="checkbox"/> S 100% C	Brake fluid pipe bolts or retaining screws	<input type="checkbox"/> S 100% C
Self Adjuster	<input type="checkbox"/> S 100% C	S. Br. Wheel lock or nuts	<input type="checkbox"/> S 100% C	S. Br. Wheel lock or nuts	<input type="checkbox"/> S 100% C
Brake or wheel cylinder	<input type="checkbox"/> S 100% C				
Pad or shoe	<input type="checkbox"/> S 100% C				
Brake drum	<input type="checkbox"/> S 100% C				
Backing plate	<input type="checkbox"/> S 100% C				
Seal	<input type="checkbox"/> S 100% C				
Wheel bearing	<input type="checkbox"/> S 100% C				
REAR RIGHT		Tires		REAR LEFT	
Brake fluid	<input type="checkbox"/> S 100% C	Front	<input type="checkbox"/> S 100% C	Front	<input type="checkbox"/> S 100% C
Heads	<input type="checkbox"/> S 100% C	H. Br.	<input type="checkbox"/> S 100% C	H. Br.	<input type="checkbox"/> S 100% C
Brake Lines or Caliper/Hose	<input type="checkbox"/> S 100% C	Caliper or master cylinder leaking	<input type="checkbox"/> S 100% C	Caliper or master cylinder leaking	<input type="checkbox"/> S 100% C
Brake Mastercyl.	<input type="checkbox"/> S 100% C	Brake fluid pipe bolts or retaining screws	<input type="checkbox"/> S 100% C	Brake fluid pipe bolts or retaining screws	<input type="checkbox"/> S 100% C
Self Adjuster	<input type="checkbox"/> S 100% C	S. Br. Wheel lock or nuts	<input type="checkbox"/> S 100% C	S. Br. Wheel lock or nuts	<input type="checkbox"/> S 100% C
Brake or wheel cylinder	<input type="checkbox"/> S 100% C				
Pad or shoe	<input type="checkbox"/> S 100% C				
Brake drum	<input type="checkbox"/> S 100% C				
Backing plate	<input type="checkbox"/> S 100% C				
Seal	<input type="checkbox"/> S 100% C				
Wheel bearing	<input type="checkbox"/> S 100% C				

REAR BRAKE INSPECTION	REAR BRAKE SPECIFICATIONS	REAR BRAKE REQUIREMENTS	
Brake fluid	<input type="checkbox"/> S 100% C	Pad or Shoe Life	<input type="checkbox"/> S 100% C
Heads	<input type="checkbox"/> S 100% C	Brake fluid	<input type="checkbox"/> S 100% C
Brake Lines or Caliper/Hose	<input type="checkbox"/> S 100% C	Caliper or master cylinder leaking	<input type="checkbox"/> S 100% C
Brake Mastercyl.	<input type="checkbox"/> S 100% C	Brake fluid pipe bolts or retaining screws	<input type="checkbox"/> S 100% C
Self Adjuster	<input type="checkbox"/> S 100% C	S. Br. Wheel lock or nuts	<input type="checkbox"/> S 100% C
Brake or wheel cylinder	<input type="checkbox"/> S 100% C		
Pad or shoe	<input type="checkbox"/> S 100% C		
Brake drum	<input type="checkbox"/> S 100% C		
Backing plate	<input type="checkbox"/> S 100% C		
Seal	<input type="checkbox"/> S 100% C		
Wheel bearing	<input type="checkbox"/> S 100% C		

► 1 The "inspection" box

- An in the box indicates that the part does not appear on the vehicle.
- A check () in the box indicates that the technician has inspected the component. If there is no other notation, there is no reason to service the component at this time. If service is suggested or required, a notation will appear in the box.

► 2 The "suggested service" box

If the technician determines that service is suggested, one of the following reasons will be entered in the box marked "S". It is up to the customer to choose to have these services done:

- Part is close to the end of its useful life (but above discard specifications, maintained, ready to sell soon, etc.).
- Address a customer need, convenience or request (easier ride, enhanced performance, alternate route, etc.)
- Comply with manufacturer's recommendations by the original equipment manufacturer.
- Technician's recommendation based on substantial and informed experience.

► 3 The "required service" box

If the technician determines that service is required, one of the following reasons will be entered in the box marked "R".

- Part no longer performs intended function.
- Part does not meet a design specification regardless of performance.
- Part is missing.

► 4 The "condition" box

The condition code for service: suggested () or required () is entered here:

- | | | | |
|--|-----------------------------------|--|-----------------------------------|
| Brake Pads or Brake Shoes | <input type="checkbox"/> S 100% C | Brake Pads or Brake Shoes | <input type="checkbox"/> S 100% C |
| 1. Another tire worn (S) | <input type="checkbox"/> | 43. Motor chugs or idles unevenly (S) | <input type="checkbox"/> |
| 2. Bent, warped, loose (S) | <input type="checkbox"/> | 44. Contaminated (S) | <input type="checkbox"/> |
| 3. Broken, corroded (S) | <input type="checkbox"/> | 45. Coated/damaged (S) | <input type="checkbox"/> |
| 4. Brake pads worn (S) | <input type="checkbox"/> | 46. Fading or cracking (S) | <input type="checkbox"/> |
| 5. Missing (S) | <input type="checkbox"/> | 47. Attached hardware loose, missing or damaged (S) | <input type="checkbox"/> |
| Brake Fluid | <input type="checkbox"/> | 48. Fluid leak(s) (S) | <input type="checkbox"/> |
| 6. Contaminated (S) | <input type="checkbox"/> | 49. Separated, torn, broken (S) | <input type="checkbox"/> |
| 7. Beyond service interval (S) | <input type="checkbox"/> | 50. Seal or plate damaged (S) | <input type="checkbox"/> |
| 8. Incorrect fluid (S) | <input type="checkbox"/> | 51. Water/Washer Tank (S) | <input type="checkbox"/> |
| Brake or Wheel Cylinder | <input type="checkbox"/> | 52. Electronic Power Window switch motor (S) | <input type="checkbox"/> |
| 9. Brake Hayes, seized or plugged (S) | <input type="checkbox"/> | 53. Wear below minimum specification (S) | <input type="checkbox"/> |
| 10. Caliper dust boot torn (S) | <input type="checkbox"/> | Pad Test | <input type="checkbox"/> |
| 11. Caliper plate damaged (S) | <input type="checkbox"/> | 54. Inoperative (S) | <input type="checkbox"/> |
| 12. Casting damaged (S) | <input type="checkbox"/> | 55. Out of adjustment (S) | <input type="checkbox"/> |
| 13. Leaking (S) | <input type="checkbox"/> | Pad Test | <input type="checkbox"/> |
| 14. Parking brake mechanism in caliper inoperative (S) | <input type="checkbox"/> | 56. Out of adjustment (S) | <input type="checkbox"/> |
| 15. Pad sticking (S) | <input type="checkbox"/> | 57. Sticking, stick (S) | <input type="checkbox"/> |
| 16. Wheel cylinder dust boot damaged or missing (S) | <input type="checkbox"/> | 58. Out of adjustment (S) | <input type="checkbox"/> |
| 17. Wheel cylinder lease (S) | <input type="checkbox"/> | 59. Brake cable or strands (S) | <input type="checkbox"/> |
| Brake Brake or Caliper Hardware | <input type="checkbox"/> | Power Booster | <input type="checkbox"/> |
| 18. Brakes (S) | <input type="checkbox"/> | 60. Leaks fluid (S) | <input type="checkbox"/> |
| 19. Corroded, sticking (S) | <input type="checkbox"/> | 61. Leaks vacuum (S) | <input type="checkbox"/> |
| 20. Damaged (S) | <input type="checkbox"/> | 62. Brake fluid (S) | <input type="checkbox"/> |
| 21. Dislodged (S) | <input type="checkbox"/> | 63. Leaks oil (S) | <input type="checkbox"/> |
| 22. Seal hardware and seized (S) | <input type="checkbox"/> | 64. Discard vehicles, fittings, vehicles, vehicles or several exhausts (S) | <input type="checkbox"/> |
| 23. Dust particles trapping or damaged (S) | <input type="checkbox"/> | 65. Hard spots (S) | <input type="checkbox"/> |
| 24. Missing (S) | <input type="checkbox"/> | 66. Scored, threaded or pitted (S) | <input type="checkbox"/> |
| 25. Shaft shims damaged, binding or worn (S) | <input type="checkbox"/> | 67. Taper, bevels, cut or round (S) | <input type="checkbox"/> |
| 26. Shims pin not seated, worn or damaged (S) | <input type="checkbox"/> | 68. Wear | <input type="checkbox"/> |
| Notes | <input type="checkbox"/> | 69. Cracked (S) | <input type="checkbox"/> |
| 27. Blistered (S) | <input type="checkbox"/> | 70. Delamination (S) | <input type="checkbox"/> |
| 28. Leaking (S) | <input type="checkbox"/> | 71. Inoperative (S) | <input type="checkbox"/> |
| 29. Rusty (S) | <input type="checkbox"/> | 72. Worn (S) | <input type="checkbox"/> |
| 30. Rusty/corrosion cracked (S) | <input type="checkbox"/> | 73. Worn - severe (S) | <input type="checkbox"/> |

DRIVERS SIDE TEST	REARWARD STOP TEST	PASSENGER SIDE	ABERTS
<input type="checkbox"/> Park	<input type="checkbox"/> Pedals	<input type="checkbox"/> Emergency Travel	<input type="checkbox"/> Brake/Warning On
<input type="checkbox"/> Roll	<input type="checkbox"/> Seats	<input type="checkbox"/> ABS On	<input type="checkbox"/> ABS Function
<input type="checkbox"/> Lock Up	<input type="checkbox"/> Locks	<input type="checkbox"/> Inspection	<input type="checkbox"/> Rear Brake Light Unlamped

ROAD TEST NOTES:

HIDDEN HOOD AND UNDER VEHICLE			
Master cylinder <input checked="" type="checkbox"/> S R C	Power steering <input checked="" type="checkbox"/> S R C	Wind Shield Lines <input checked="" type="checkbox"/> S R C	
Low Hold Prod. <input type="checkbox"/> Front <input type="checkbox"/> Rear	Wheels - Hydrostatic / ABS <input checked="" type="checkbox"/> S R C	Location <input checked="" type="checkbox"/> S R C	
Brake Hold Prod. <input checked="" type="checkbox"/> S R C	Front Body Ins. <input type="checkbox"/> Body Panel	Parking Brake Control <input checked="" type="checkbox"/> S R C	
Type Specified <i>DOT 13</i>	Location (circle) <input checked="" type="checkbox"/> S R C	Location (circle) <input checked="" type="checkbox"/> S R C	
FRONT LEFT			
Loose or stuck <input checked="" type="checkbox"/> S R C	Tires <i>Front</i>	FRONT RIGHT	
Steer <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Master cylinder <input checked="" type="checkbox"/> S R C	
Brake fluid level <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Windshield wiper <input checked="" type="checkbox"/> S R C	
Front wheel <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front tire <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
FRONT CENTER			
Loose or stuck <input checked="" type="checkbox"/> S R C	Tires <i>Front</i>	FRONT CENTER	
Steer <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Master cylinder <input checked="" type="checkbox"/> S R C	
Brake fluid level <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Windshield wiper <input checked="" type="checkbox"/> S R C	
Front wheel <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front tire <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
REAR LEFT			
Loose or stuck <input checked="" type="checkbox"/> S R C	Tires <i>Front</i>	REAR RIGHT	
Steer <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Master cylinder <input checked="" type="checkbox"/> S R C	
Brake fluid level <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Windshield wiper <input checked="" type="checkbox"/> S R C	
Front wheel <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front tire <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
REAR CENTER			
Loose or stuck <input checked="" type="checkbox"/> S R C	Tires <i>Front</i>	REAR CENTER	
Steer <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Master cylinder <input checked="" type="checkbox"/> S R C	
Brake fluid level <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Windshield wiper <input checked="" type="checkbox"/> S R C	
Front wheel <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front tire <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>	Front <i>Front</i>	
REAR RIGHT			
Loose or stuck <input checked="" type="checkbox"/> S R C	Tires <i>Front</i>		
Steer <input checked="" type="checkbox"/> S R C	Front <i>Front</i>		
Brake fluid level <input checked="" type="checkbox"/> S R C	Front <i>Front</i>		
Front wheel <input checked="" type="checkbox"/> S R C	Front <i>Front</i>		
Front tire <input checked="" type="checkbox"/> S R C	Front <i>Front</i>		
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>		
Front <input checked="" type="checkbox"/> S R C	Front <i>Front</i>		
Front wheel bearing <input checked="" type="checkbox"/> S R C	Front <i>Front</i>		

Further inspection designated (check all that apply):

 Specification External
 Other _____

Why? _____

Technician notes and support or reason for suggestions. All items marked #4 in the "SUGGESTED" box are explained here.

Front tires have a lot for them and are fast the design selected.

Technician signature

X

Tech. Rep.

> **The "Inspection" box**

- An "X" in the box indicates that the part does not appear on the vehicle.
- A checkmark ("✓") in the box indicates that the technician has inspected the component. If there is no other notation, there is no reason or source the component at this time. If service is suggested or required, a notation will appear in the **"SUGGESTED"** box.

> **The "suggested service" box**

If the technician determines that service is suggested, one of the following may be entered in the box marked "#". It is up to the technician to choose to have these services done:

- Part is close to the end of its useful life (just above standard specifications, weakened, likely to fail soon, etc.).
- Address a customer need, convenience or request (idle ride, enhance performance, eliminate noise, etc.)
- Comply with replacement requirements by the original equipment manufacturer.
- Technician's recommendation based on judgment and informed experience.

> **The "required service" box**

If the technician determines that service is required, one of the following may be entered in the box marked "#".

- Part no longer performs intended function.
- Part does not meet a design specification regardless of performance.
- Part is failing.

> **The "condition" box**

The condition code for Service Required (#) or Required (#) is entered here:

- Braking Plate or Another Plg.
 Another plg worn (P)
 Rust, cracked, loose (R)
 Broken, cracked (B)
 Sheet metal worn (S)
 Missing (M)
 Master Pldg.
 Compressed (P)
 Beyond service interval (S)
 Interfaced, failed (I)
 Clutch or Wheel Cylinder
 Master broken, seized or plugged (P)
 Clutch sheet bent/bent (S)
 Clutch piston damaged (D)
 Clutch damaged (D)
 Leaking (L)
 Pushing (P)
 Wheel cylinder bent/bent or leaking (B)
 Wheel cylinder fails (D)
 Drive Axle or Clutch Assembly
 Broken (B)
 Bent/bent, cracking (B)
 Damaged (D)
 Master failed (M)
 Dual hardware bent/bent (B)
 Dual boots missing or damaged (D)
 Missing (M)
 OE seals damaged, missing or worn (D)
 Sheet metal bent/worn or damaged (B)
 Master
 Worn (W)
 Bent/bent, cracking (B)
 Damaged (D)
 Master failed (M)
 Pushed (P)
 Leaking (L)
 Self-Support
 Interfacing (I)
 Missing (M)
 Bent/bent sheet metal bent/bent (B)
 Steel Brake Lines
 Incorrect shape, split or kink (P)
 Leaking (L)
 Bent/bent (B)
 Pushed (P)
 Missing (M)
 Bent/bent sheet metal bent/bent (B)
 Tie Rods/Pivots
 Leaking (L)
 Linkage damaged or disconnected (D)
 Wires cut or disconnected (M)
 Wheel Bearings
 End-play/knock/space (R)
 Failed (F)
 Race bore in iron (F)
 Rough (R)
 Spalls worn (R)
 Wear (W)

6267471

8 3 0 8 8

LINCOLN
MERCURY

INVOICE

BOB BORST
LINCOLN-MERCURY, INC.1950 West Maple Rd.
Troy, Michigan 48084
(248) 643-6600

PAGE 1

HOME:

SERVICE ADVISOR: 1958 FRANK J. DERBY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
BLUE	1995	LINCOLN TOWN CAR	1LNLM81	PCE364	47931/47931	T1009
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	RATE	PAYMENT	INV. DATE
01JAN1995			WAIT 17APR03	78.00		24APR2003
RED OPENED	READY		OPTIONS: DLR:45B356			

09:30 17APR03 03:56 24APR03

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
A-CHECK RED BRAKE LIGHT STAYS ON ALL THE TIME WHILE DRIVING CHECK AND ADVISE

A-99 TECH INSPECTED - REPLACED REAR BRAKE LINES AND BLEED BRAKE SYSTEM

4080 DOUGLAS REDCAP LIC#: M133249

CP 8.00

624.00 624.00

2 PM*1* BRAKE FLUID "DOT3" 12 FL. OZ. 4.18 4.18 8.36

7 560 LINES 9.45 9.45 66.15

7 360 FITTINGS 5.20 5.20 36.40

PARTS: 110.91 LABOR: 624.00 OTHER: 0.00 TOTAL LINE A: 734.91

NEEDS FRONT BRAKES REPLACED - CUSTOMER ADVISED AND DECLINED AT THIS TIME

CUSTOMER PAY HAZARDOUS WASTE/SHOP SUPPLIES FOR REPAIR ORDER 5.00

WE ARE EQUIPPED TO HANDLE ALL OF YOUR SERVICE NEEDS! FROM COMPLETE DETAILING AND MAINTENANCE TO HEAVY REPAIR AND COLLISION DAMAGE. SEE YOUR SERVICE ADVISOR FOR DETAILS!



PARTS	LABOR	TOTAL	HOURS	PARTS AND LABOR GUARANTY 12,000 MILES OR 12 MONTHS WHICHEVER OCCURS FIRST.	REGISTRATION	DESCRIPTION	TOTALS
AMOUNTS ADDITIONS BY	DATE TIME				F106003	LABOR AMOUNT	624.00
						PARTS AMOUNT	110.91
						GAS, OIL, LUBE	0.00
						SUBLET AMOUNT	0.00
						MISC. CHARGES	5.00
						TOTAL CHARGES	739.91
						LESS INSURANCE	0.00
						SALES TAX	6.95
			X			PLEASE PAY THIS AMOUNT	746.86

The Factory Warranty Constitutes All Of The Warranties With Respect To The Sale Of This Item/Items. The Seller Herby Expressly Declines All Warranties, Either Express Or Implied, Including Any Implied Warranty Of Merchantability Or Fitness For A Particular Purpose, And The Seller Neither Assumes Nor Authorizes Any Other Person To Assume For It Any Liability In Connection With The Sale Of This Item/Items.

CUSTOMER COPY

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>				FOR AGENCY USE ONLY 100148	
				Date Received	Repository <input type="checkbox"/>
				03-JUN-2003	Reference No. 10020967
				Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
				Evening Telephone Number [REDACTED]	
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date _____</p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FALP [REDACTED]				Make FORD	Model CROWN VICTORIA
Date Purchased 28-JAN-98		Dealer's Name and Telephone Number			Model Year 1995
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	Fuel Type: Gas
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE		Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 20-MAY-2003	Failure Mileage 29510	Failure Speed 25			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTMALSABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				The Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), Crash(es), and injury(es).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
<p>Narrative Description of Incident(s), Crash(es), and Injury(es).</p> <p>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</p> <p>BRAKES FAILED. DRIVER NOTICED BRAKE FLUID LEAK AND ADDED BRAKE FLUID TO GET THE CAR BACK TO OUR RESIDENCE. A REVIEW OF THE BRAKE LINES SHOWED CORROSION AND LEAKAGE IN THE BRAKE LINE ONLY. ALL OF THE OTHER LINES AND THE UNDER CARRIAGE SHOW NO CORROSION AT ALL. THIS IS INDICATIVE OF A DEFECT IN THE MATERIAL USED FOR THE BRAKE LINE. THIS INCIDENT COULD HAVE BEEN MORE SERIOUS, POSSIBLY CAUSING INJURIES OR DEATHS IF IT WERE NOT FOR THE ACTIONS OF THE DRIVER. *NM</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p> <p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>The Privacy Act of 1974-Public Law 93-552 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.</p>					

 U.S. Department of Transportation  National Highway Traffic Safety Administration				DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline					
				FOR AGENCY USE ONLY 100148 <table border="1"> <tr> <td>Date Received</td> <td>Repository <input type="checkbox"/></td> </tr> <tr> <td>05-JUN-2003</td> <td>Reference No. 10021116</td> </tr> </table>		Date Received	Repository <input type="checkbox"/>	05-JUN-2003	Reference No. 10021116
Date Received	Repository <input type="checkbox"/>								
05-JUN-2003	Reference No. 10021116								
OWNER INFORMATION (Type or Print)									
Name <input type="text"/>		Daytime Telephone Number <input type="text"/>		E-mail Address <input type="text"/>					
Address <input type="text"/>		Evening Telephone Number <input type="text"/>		SAME					
City <input type="text"/>									
<i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i>									
<i>Signature of Owner</i> _____ Date _____									
VEHICLE INFORMATION									
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1ENLML8Z <input type="text"/>			Make LINCOLN	Model TOWN CAR	Model Year 1997				
Date Purchased 24-DEC-97		Dealer's Name and Telephone Number FRANKLIN PARK LINCOLN MERCURY			Engine: No. Cylinders 8				
Original Owner <input checked="" type="checkbox"/>		Dealer's City TOLEDO		State OH	Fuel Type: Gas				
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE		Vehicle Component Code 052320 PARKING BRAKE:DRIVELINE:HYDRAULIC:HOSES, LINES/PIPI					
Multiple Failure: 1									
FAILED COMPONENT(S)/PART(S) INFORMATION									
Incident Date(s) 31-MAY-2003	Failure Mileage <input type="text"/>	Failure Speed 40							
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE									
Tire Make <input type="text"/>		Tire Model (Name or Number) <input type="text"/>		Tire Size (Example P215/65R15) <input type="text"/>					
DOT No. (Example: DOTM19ABC036) <input type="text"/>		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location: <input type="text"/>					
Tire Component Code <input type="text"/>				Tire Failure Type <input type="text"/>					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE									
Make: <input type="text"/>		Date Manufactured: <input type="text"/>		Model No./Name: <input type="text"/>					
Seat Type: <input type="text"/>		Installation System: <input type="text"/>							
Child Seat Component Code: <input type="text"/>		Failed Part: <input type="text"/>							
APPLICABLE INCIDENT INFORMATION <i>Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).</i>									
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N					
Narrative Description of Incident(s), Crash(es), and Injury(ies). <i>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</i>									
BRAKE LINE FROM FRONT OF CAR TO REAR EITHER RUSTED THROUGH OR RUBBED AGAINST ANOTHER PART OF THE CAR TO CREATE A HOLE IN THE BRAKE LINE. DEALER ESTIMATED COST TO REPAIR-\$3000.00!!*AK									
Include, If Available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY						
<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>									

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100092Date Received

04-JUN-2003Repository

Reference No.
10022543**OWNER INFORMATION (Type or Print)**

Name		
Address		
City		

Daytime Telephone Number	E-mail Address
Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 9999			Make LINCOLN	Model TOWN CAR	Model Year 1996
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC;FOUNDATION COMPONENTS Multiple Failure: 1		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed			
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM13ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code:	The Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

1996 LINCOLN TOWN CAR BRAKE LINE FAILURE. *MR THE CONSUMER FOUND BRAKING FLUID ALL OVER THE REAR HOUSING AS A RESULT OF PIN HOLES THAT WERE IN THE CROSSOVER LINE FROM THE LEFT TO THE RIGHT WHEEL CYLINDERS. THE BRAKE PEDAL HAD GONE TO THE FLOOR VERY SUDDENLY. REFER TO #02V1001000. *SCC *JB
 REFERENCED IN RQ03-004

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 to support the agency's action.

U.S. Department
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FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
09-JUL-2003	Reference No.
	10025757
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

OWNER INFORMATION (Type or Print)

Name	[REDACTED]
Address	[REDACTED]
City	[REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FALP [REDACTED]		Make: FORD	Model: CROWN VICTORIA	Model Year: 1996
Date Purchased 08-AUG-98	Dealer's Name and Telephone Number			Engine: No. Cylinders 8
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	Fuel Type:
Transmission Type: AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code: 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1	

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s) 24-JUN-2003	Failure Mileage	Failure Speed		
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC136)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
The Component Code	The Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(es).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

COMPLETE BRAKE FAILURE, DETERIORATED FLUID LINE UNDER DRIVER'S DOOR. ALL FLUID WAS DISCHARGED AND WAS LEFT WITHOUT ANY BRAKES AT ALL. SHOULD BE INVESTIGATED. *AK REFERENCED IN RQ03-004

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-552) 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.

 <p>U.S. Department of Transportation</p> <p>National Highway Traffic Safety Administration</p> <p>AL</p> <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.safercar.gov/hotline</p>				FOR AGENCY USE ONLY 100248							
Date Received 24-JUL-2003		Repository <input type="checkbox"/>									
		Reference No. 10029140									
OWNER INFORMATION (Type or Print)				Daytime Telephone Number [REDACTED]							
Name [REDACTED]				E-mail Address [REDACTED]							
Address [REDACTED]				Evening Telephone Number [REDACTED]							
City [REDACTED]											
<i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i>											
<i>Signature of Owner</i> _____ Date _____											
VEHICLE INFORMATION											
17 digit Vehicle Identification Number/Located at bottom of windshield on driver's side TLNUMB24 [REDACTED]			Make LINCOLN	Model TOWN CAR	Model Year 1995						
Date Purchased 07-JUL-95		Dealer's Name and Telephone Number			Engine: No. Cylinders 8						
Original Owner <input type="checkbox"/>		Dealer's City [REDACTED]		State [REDACTED]	Fuel Type: Gas						
Transmission Type AUTOMATIC		<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 033110 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:VACUUM:HO Multiple Failure: L							
FAILED COMPONENT(S)/PART(S) INFORMATION											
Incident Date(s) 20-JUN-2003	Failure Mileage 95000	Failure Speed 2									
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE											
Tire Make		The Model (Name or Number)		Tire Size (Example P215/65R15)							
DOT No. (Example: DOTMABABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:							
Tire Component Code				Tire Failure Type							
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE											
Make:		Date Manufactured:		Model No./Name:							
Seat Type:		Installation System:									
Child Seat Component Code:		Failed Part:									
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>											
<table border="1"> <tr> <td> Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td> Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td> Number of Persons Injured </td> <td> Number of Deaths </td> <td colspan="2"> Reported to Police N </td> </tr> </table>						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 Deaths	Reported to Police N	
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 Deaths	Reported to Police N							
<i>Narrative Description of Incident(s), Crash(es), and Injury(ies).</i> <i>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</i>											
FAULTY BRAKE LINES, RUSTED SECTIONS, LEAKING LOSS OF BRAKING WHILE DRIVING. I CHECKED THE BRAKE LINES, I FOUND THE 2 BRAKE LINES GOING TO THE REAR OF THE CAR SEVERELY RUSTED, LEAKING SECTIONS. (PHOTO ENCLOSED) A LINE ADJACENT TO THE BRAKE LINES LOOKS NEW, NO RUST AT ALL! EVERYTHING ELSE UNDER THE CAR, INCLUDING PARTS THAT NORMALLY RUST LIKE THE MUFFLER, TAIL PIPE, ETC. ARE IN GREAT SHAPE. IT IS OBVIOUS TO ME THAT THE BRAKE LINES USED IN THIS PARTICULAR YEAR OF THE LINCOLN ARE FAULTY, (A MATERIAL DEFECT)! I HAVE MADE SEVERAL PHONE CALLS TO INQUIRE ABOUT HAVING IT FIXED BECAUSE MY CAR IS NOT SAFE TO DRIVE. I HAVE BEEN TOLD THAT THIS CAR NEEDS SOME VERY UNUSUAL, AND EXPENSIVE, LABOR TO REPLACE THE FAULTY BRAKE LINES. (THE FRAME AND BODY OF THE CAR HAS TO BE SEPARATED) WHAT TYPE OF ENGINEERING IS THAT? I'VE RECEIVED ESTIMATES TO FIX MY CAR AT A MINIMUM OF \$1500! I'VE ALSO BEEN INFORMED THAT THIS IS POSSIBLY AN UNPUBLISHED RECALL FOR THIS PARTICULAR CAR WITH SUCH SERIOUS BRAKE LINE EROSION, A MATERIAL DEFECT! IT DOESN'T TAKE AN EXPERT TO KNOW THAT THESE BRAKE LINES ARE A DANGER TO THE PUBLIC! ANY PEOPLE WHO HAPPEN TO BE AT THE WRONG PLACE AND TIME, WHEN THESE DEFECTIVE BRAKES FAIL IT COULD BE CATASTROPHIC. *AK											
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice			ATTACH ADDITIONAL SHEETS IF NECESSARY								
<small>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 responses, or a statistical summary thereof, may be used in support of the agency's action.</small>											

U. S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.safercar.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received	Repository <input type="checkbox"/>
29-JUL-2003	Reference No. 10031360

OWNER INFORMATION (Type or Print)

Name	[REDACTED]
Address	[REDACTED]
City	[REDACTED]

Morning Telephone Number	E-mail Address
Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make LINCOLN	Model TOWN CAR	Model Year 1995
Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 033110 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:VACUUM:HO Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-JUN-2003	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)

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 Deaths	Reported to Police <input type="checkbox"/> N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT BRAKE LINE IS RUSTED. DEALER NOTIFIED. "AK"

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-4-A-SAF-2-DOT (1-888-327-4236) 2003 SEP -4 INTERNET: www.safercar.gov/hotline				FOR AGENCY USE ONLY 1001B4	
				Date Received	Repository <input type="checkbox"/>
				29-JUL-2003 AM 9:44	Reference No. 10031404
OWNER INFORMATION (Type or Print) Name: [REDACTED] Daytime Telephone Number: _____ Address: _____ E-mail Address: _____ City: _____ Evening Telephone Number: _____ Do you want your name and address published in the owner's list of vehicle manufacturers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the above question, "published" means to publish the name and address to the vehicle manufacturer. Signature: _____ Date: / /					
VEHICLE INFORMATION 17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 2EALP7 [REDACTED] Make: FORD Model: CROWN VICTORIA Model Year: 1997 Date Purchased: 15-MAR-99 Dealer's Name and Telephone Number: _____ Engine: No. Cylinders: _____ Fuel Type: _____ Original Owner: <input type="checkbox"/> Dealer's City: _____ State: _____ Zip Code: _____ Transmission Type: <input type="checkbox"/> Antilock Brakes Powertrain: _____ Vehicle Component Code: 042600 SERVICE BRAKES, AIR SUPPLY: HOSES, LINES/PIPING, AND I <input type="checkbox"/> Cruise Control Multiple Failure: 1					
FAILED COMPONENT(S) / PART(S) INFORMATION Incident Date(s): 25-JUL-2003 Failure Mileage: _____ Failure Speed: _____					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____ DOT No. (Example: DOTM1A9ABC036) <input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair Failure Location: _____ Tire Component Code: _____ Tire Failure Type: _____					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: _____ Date Manufactured: _____ Model No./Name: _____ Seat Type: _____ Installation System: _____ Child Seat Component Code: _____ Failed Part: _____					
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), cause(s), and injury(es).) 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 Deaths: _____ Reported to Police: N					
<p>Alternative Description of Incident(s), Crash(es), and Injury(es). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</p> <p>CONSUMER STATED THAT BRAKE LINE HAS COMPLETELY RUSTED OUT. *AK</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY.		
The Privacy Act of 1974/Public Law #93-509: 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 by 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 responses, or a statement or 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
 To Report Vehicle Safety Defects
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 (1-888-327-4236)
 INTERNET: www.safercar.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received 203 SEP 24 2003	Repository <input type="checkbox"/> Reference No. 10031606
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OWNER INFORMATION (Type or Print)

Name [REDACTED]	Daytime Telephone Number	E-mail Address
Address [REDACTED]		
City [REDACTED]	Evening Telephone Number	

Do you authorize the manufacturer to contact you directly about your vehicle? YES NO
 In the absence of an owner, safety defect information will be sent to the address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make: FORD	Model: CROWN VICTORIA	Model Year: 1997
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner	Dealer's City	State	Zip Code		
Transmission Type	<input checked="" type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC FOUNDATION COMPONENTS		
Multiple Failure: 1					

PATIED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s) 25-JUL-2003	Failure Mileage	Failure Speed			
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example DOT1010GAUC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICATION INCIDENT INFORMATION

(Please describe in detail the Incident, Action(s), Cause(s), and Injury(ies).)

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 Deaths	Reported to Police N
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Descriptive Description of Incident(s), Crash(es), and Injury(ies).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (i.e., parts repaired or replaced (and if old part is available)).

CONSUMER STATED THAT THEY HAVE THE SAME PROBLEM AS STATED IN RECALL 980001000 CONCERNING BRAKE LINE. DEALER WILL NOT REPAIR BECAUSE WIN WAS NOT INCLUDED. "AK"

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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(1-888-327-4236)
INTERNET: www.safercar.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
07-SEP-2003	Reference No. 10037390
Daytime Telephone Number	E-mail Address

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City [REDACTED] Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
 Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side 2FALP [REDACTED]		Make FORD	Model CROWN VICTORIA	Model Year 1997
Date Purchased 17-MAY-00	Dealer's Name and Telephone Number METERS RUDOLF LM		Engine: No. Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City APPLETON		State WI	Zip Code
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 033210 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:HYDRAULIC: Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-JUL-2003	Failure Mileage 36820	Failure Speed 25	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	The Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTWAL9AB0036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), fire(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

BRAKE FAILURE- 97 CROWN VICTORIA. BRAKE LINE RUBBED THROUGH BY TRANSMISSION CROSSMEMBER- CAUSING BRAKES TO FAIL DURING DRIVING. FORD MOTOR COMPANY WOULD NOT STAND BEHIND FAULTY LINE OR REIMBURSE FOR THE REPAIRS. VEHICLE ONLY HAS 36,000 MILES ON AND SHOULD NOT HAVE WORN THROUGH ALREADY. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY - 100148	
		Date Received	Repository <input type="checkbox"/>		
		20-SEP-2003	Reference No. 10039215		
OWNER INFORMATION (Type or Print)					
Name				Daytime Telephone Number	E-mail Address
Address					
City				Evening Telephone Number 586 992 1371	
Do you				Clip? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FALP7			Make FORD	Model CROWN VICTORIA	Model Year 1997
Date Purchased 07-JUL-02	Dealer's Name and Telephone Number			Engine: No. Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1		
PATIED COMPONENT(S) / PART(S) INFORMATION					
Incident Date(s) 19-SEP-2003	Failure Mileage 112000	Failure Speed 35			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)			Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input checked="" type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code	Tire Failure Type				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:		Model No./Name:		
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(es).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(es). <i>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</i>					
BRAKE LINE FORWARD OF REAR AXLE AND ABOVE FUEL FILTER RUBS ON CAR BODY, RESULTING IN A HOLE IN BRAKE LINE. *18					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
<small>The Privacy Act of 1974/Public Law 93-509 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 responses 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>					



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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1001B1

Date Received 2003 NOV 10 Repository
14-OCT-2003 Reference No. 10042834

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED]
City [REDACTED] Evening Telephone Number [REDACTED]

Do you own your vehicle? YES NO
In the absence of an owner, check here if you would like to send your address to the vehicle manufacturer.

Signature of Owner [REDACTED]

Date 1/1/04

17 digit Vehicle Identification Number located at bottom of windshield on driver's side 1LNHL8 [REDACTED]		Make LINCOLN	Model TOWN CAR	Model Year 1998
Date Purchased 10/98	Dealer's Name and Telephone Number GURKES MOTORS 781 526 7000	Engine: 8 Mo: Cylinders 8 Fuel Type: GAS		
Original Owner <input type="checkbox"/>	Dealer's City BEDFORD, MA	State MA	Zip Code 02126	
Transmission Type AUTO	<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powetrain Rear-Wheel	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-OCT-2003	Failure Mileage 56000	Failure Speed 3	TIRE BOTH FRONT TO REAR 3/4 LINES	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make	The Model (Name or Number)	The Size (Example P215/65R15)
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DOT No. (Example: DOTM10L0A0C03B)	<input type="checkbox"/> Original Equipment Prior Repair	Failure Location:
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Tire Component Code	Tire Failure Type
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
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Seat Type:	Installation System:
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Child Seat Component Code:	Faulty Part:
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APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident, failure(s), condition, and injury(es).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

VEHICLE LOST BRAKE POWER WHILE DRIVING 5 TO 10 MPH. BRAKE LINE WAS CORRODED. DEALER RECOMMENDED REPLACING ALL LINES.
*AK

CLOSE TO CRASH. FORTUNATELY WAS ABLE TO OPERATE
PARKING BRAKE AT LOW SPEED. ON THESE 4 WHEEL
DISK SYSTEM THE PARKING BRAKE IS USELESS ABOVE
15 MPH.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es)

CORROSION OF REINFORCER TO REAR BRAKE LINE (BOTH REPLACED) UNDER LEFT REAR DOOR. ALL OTHER TUBING OK, BUT BOTH 3/16" LINES BADLY PERFORATED. QUITE UNUSUAL FOR A 7YR CAR NOT DRIVEN NORTH OF BOSTON. THE PARK AND BRAKES FAILED 6 MONTHS AGO. HAD THIS NOT BEEN DISMANTLED AND REPAIRED I WOULD HAVE BEEN UNABLE TO STOP AT 5 MPH. AT HIGHER SPEED SERIOUS INJURY TO DRIVER, OR PEDESTRIAN COULD HAVE RESULTED.

ATTACH ADDITIONAL SHEETS IF NECESSARY

JEWELLED 36 TIREZL GRS, NEWTON 02467

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

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Penalty for Private Use \$200



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE
1-888-DASH-2-DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR
DASH2DOT

Call dial toll free at

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.safercar.gov



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100194

409 DEC 24 2003

Repository

21-OCT-2003

Reference No.
10044431

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City	State/Zip Code	

Do you have a vehicle identification number (VIN) for your vehicle? YES NO
 In the absence of an answer, provide your name or address to the vehicle manufacturer.
 Signature of Owner _____ Date 11/12/03

VEHICLE INFORMATION

17-Digit Vehicle Identification Number Located at Bottom of Windshield on Driver's Side 1LNLT		Make LINCOLN	Model TOWN CAR	Model Year 1995
Date Purchased 9-98	Dealer's Name and Telephone Number ROUMAN	Engine: No. Cylinders 6/8	Fuel Type: Gasoline	
Original Owner <input type="checkbox"/>	Dealer's City Foxboro, MA	State MA	Zip Code 02035	
Transmission Type AUTOMATIC	Antilock Brakes <input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/>	Powertrain	Vehicle Component Code L1P85 032100 SERVICE BRAKES, HYDRAULIC:SWITCHES:BRAKE MNT.	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-AUG-2003	Failure Mileage 80000	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOT1MALSABC035)		<input type="checkbox"/> Original Equipment <input checked="" type="checkbox"/> Prior Repair
Failure Location:		
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
 (Please describe in detail the incident, fatalities, crash(es), and injuries.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE REAR BRAKE LINES HAVE RUSTED ALL THE WAY THROUGH. THERE IS A RECALL FOR THIS PARTICULAR VEHICLE. MANUFACTURER IS AWARE OF THE PROBLEM, BUT INFORMED THE CONSUMER THAT HIS VIN WAS NOT ON THE LIST.*
 REAR BRAKE LINES HAVE RUSTED ALL THE WAY THROUGH. THERE IS A RECALL FOR THIS PARTICULAR VEHICLE. MANUFACTURER IS AWARE OF THE PROBLEM, BUT INFORMED THE CONSUMER THAT HIS VIN WAS NOT ON THE LIST.

**BRAKE LINES - BOTH SIDES FAILED AT SAME TIME DUE TO RUSTING OF LINES
 ALONG FRAME - VERY POOR DESIGN - VEHICLE NEEDED TO BE TOWED
 TO REPAIR SHOP - LOST WORK TIME AND REPAIRS UPWARDS OF \$1500.00**

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-550) 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 responses 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 responses, 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 To Report Vehicle Safety Defects 1-888-DASH-2-DOJ [13 DEC 10 PM] (1-888-327-4236) INTERNET: www.safercar.gov/hotline		FOR AGENCY USE ONLY 100147 Date Received: 2:59 04-NOV-2003 Repository <input type="checkbox"/> Reference No. 10048205	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number Evening Telephone Number E-mail Address	
Name _____ Address _____ City _____ State CA Zip Code _____					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FALP74			Make FORD Model CROWN VICTORIA Model Year 1997		
Date Purchased 23-MAY-01	Dealer's Name and Telephone Number CORNING FORD 520 524 5734			Engine: No. Cylinders	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City CORNING NY			State CA Zip Code 96021	
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Rear 3.4L	Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC/ANTILOCK Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 12-OCT-2003	Failure Mileage 70000	Failure Speed 10 MPH	<i>rear hydro Brake line had a hole wear in it under transmission report</i>		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOT1M2LRB2006)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code		Tire Failure Type			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION <small>(Please describe in detail the incident(s), Event(s), Condition(s), and Intervention(s).)</small>					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
WHILE DRIVING AT ANY BRAKING CONDITIONS WHEN DEPRESSING THE BRAKE PEDAL WAS DELAYED IN BRAKING, WHICH RESULTED IN EXTENDED STOPPING DISTANCE. ALSO,BRAKE LINE LEAKED, CAUSING BRAKE FLUID TO LEAK. "AK <i>worn through</i>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<small>The Privacy Act of 1974-Public Law 93-555: 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 responses 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>					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I was going down hill on Delaw R. were it meets Hwy 70. it is rather steep and when I applied more power to the brake pedal it went to the floor. I was almost stopped & quickly pushed pedal stopping the car. I slowly drove up hill to the local hardware store parking lot. I checked the car over & could find no leaks or lack of fluid, the pedal would only go to the floor when I pushed hard & drove carefully hard and put the car on my service ramp. checking under the car I found the floor flange fitting in the floor between the front and the rear transverse support arm had the car to be repaired at the Park Service Ford in Crossville Co 3736 Montgomery St. Co 93965 they found the floor worn through and used a riveted metal plate repair. Cost \$143.21 Job

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

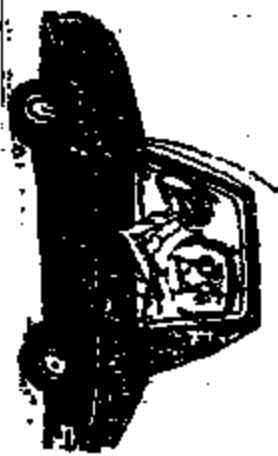
1-888-DASH-2-DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT
Send email to: dash@dot.gov

1-888-DASH-2-DOT
1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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

VEHICLE OWNER'S QUESTIONNAIRE

 U.S. Department of Transportation National Highway Traffic Safety Administration Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov /hotline				FOR AGENCY USE ONLY 100148 Date Received 17-DEC-2003 Reference No. 10050645	
OWNER INFORMATION (Type or Print) Name [REDACTED] Address [REDACTED] City [REDACTED]				Daytime Telephone Number [REDACTED] Evening Telephone Number [REDACTED]	E-mail Address [REDACTED]
<i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i> Signature of Owner _____ Date / /					
VEHICLE INFORMATION 17 digit Vehicle Identification Number located at bottom of windshield on driver's side 1LNUW82 [REDACTED] Male LINCOLN Model TOWN CAR Model Year 1996 Date Purchased 12-JUN-03 Dealer's Name and Telephone Number Original Owner [REDACTED] Dealer's City State Zip Code Engine: No: Cylinders 8 Fuel Type: Gas Transmission Type AUTOMATIC Antilock Brakes Powertrain REAR WHEEL DRIVE Vehicle Component Code 033210 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:HYDRAULIC: Cruise Control Multiple Failure: 1					
FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s) 14-DEC-2003 Failure Mileage 160000 Failure Speed 10					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) DOT No. (Example: DOT/VAL9ABC036) [REDACTED] Original Equipment [REDACTED] Prior Repair [REDACTED] Failure Location: [REDACTED] Tire Component Code [REDACTED] Tire Failure Type [REDACTED]					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED] Seat Type: [REDACTED] Installation System: [REDACTED] Child Seat Component Code: Failed Part: [REDACTED]					
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es))</i> Crash [REDACTED] Yes [REDACTED] No [REDACTED] Fire [REDACTED] Yes [REDACTED] No [REDACTED] Number of Persons Injured 0 Number of Deaths 0 Reported to Police N					
Narrative Description of Incident(s), Crash(es), and Injury(es). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
I AM REPORTING A CATASTROPHIC BRAKE LINE SAFETY FAILURE THAT OCCURRED WITH MY 1996 LINCOLN TOWN CAR DUE TO CORROSION OF A FLEXIBLE SPAN OF THE BRAKE LINE TO THE ABS. FORTUNATELY NO INJURIES OR DAMAGE OCCURRED AS I WAS DRIVING ABOUT 10 MPH AND STOPPED USING THE EMERGENCY BRAKE. THIS LOOKS LIKE A RECALL SAFETY ISSUE. ALSO, ACCORDING THE SHEEHY FORD DEALER, THE ONLY REPLACEMENT INCLUDES OTHER LINES AND COMPONENTS AT AN EXPENSE OF NEARLY \$500. TAK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 - Public Law 93-578 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's actions.					

 <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT (1-888-327-4236)</p> <p>INTERNET: www.safercar.gov/hotline</p>				FOR AGENCY USE ONLY 100148	
				Date Received	Repository <input type="checkbox"/>
				16-JAN-2004	Reference No. 10054256
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
Name					
Address					
City				Evening Telephone Number	
<i>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</i> <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i>					
Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2MELM			Make MERCURY	Model GRAND MARQUIS	Model Year 1997
Date Purchased 26-DEC-97	Dealer's Name and Telephone Number			Engine: No. Cylinders 8	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC FOUNDATION COMPONENTS Multiple Failure: 2		
FAILED COMPONENT(S) / PART(S) INFORMATION					
Incident Date(s) 03-JAN-2004	Failure Mileage 64000	Failure Speed 0			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)			Tire Size (Example P215/65R15)	
DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
The Component Code				Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:		Model No./Name:		
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION (Please describe in detail the Incident(s), Feature(s), Crash(es), and Injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
BRAKE LINE FAILURE... RUBBING/EXTREME CORROSION FAILURE OCCURRED AFTER 6 YEARS AND IS CAUSED BY ROUTING/RETAINERS/RUBBER INSULATORS/EXTREMELY POOR CORROSION PROTECTION ON THE EUROPEAN METRIC BUBBLE FLARE LINES. SAME PROBLEM OCCURRED ON OUR PREVIOUS GRAND MARQUIS-1993 AFTER 6 YEARS. IN THIS CASE VEHICLE RESIDED IN SYRACUSE ONLY 2 YEARS AND SPENT 4 MORE IN S.E. MASSACHUSETTS.					
BASED ON MY EXPERIENCE AND THE NUMBER OF SIMILAR COMPLAINTS ON THIS TYPE VEHICLE(1990-1997 FORD CROWN VICTORIA/MERCURY GRAND MARQUIS) A SAFETY RECALL SHOULD BE INVESTIGATED/ISSUED. *CB					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
<small>The Privacy Act of 1974 - Public Law 93-555. 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 responses 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>					



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.safercar.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received	Repository <input type="checkbox"/>
19-FEB-2004	Reference No. 10059349

OWNER INFORMATION (Type or Print)

Name _____	Daytime Telephone Number _____
Address _____	E-mail Address _____
City _____ State _____ NY Zip Code _____	Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date _____ / _____ / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side PLEASE FILL IN		Make LINCOLN	Model TOWN CAR	Model Year 1995
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	Fuel Type:
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 033210 SERVICE BRAKES, HYDRAULIC;POWER ASSIST:HYDRAULIC; Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-FEB-2004	Failure Mileage 95000	Failure Speed			
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM1A9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(es).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Mnemonic Description of Incident(s), Crash(es), and Injury(es).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE'S HYDRAULIC BRAKE LINE RUSTED AND AS A RESULT THE VEHICLE'S BRAKES FAILED. *NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-570) 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 responses 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 Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline				FOR AGENCY USE ONLY 100148 Date Received Repository <input type="checkbox"/> 17-MAR-2004 Reference No. 10062471	
OWNER INFORMATION (Type or Print) Name [REDACTED] Address [REDACTED] City [REDACTED]				Daytime Telephone Number [REDACTED] E-mail Address [REDACTED] Evening Telephone Number [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date / / _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FALP7 [REDACTED]			Make FORD	Model CROWN VICTORIA	Model Year 1995
Date Purchased 02-FEB-95	Dealer's Name and Telephone Number			Engine: No. Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 042600 SERVICE BRAKES, AIR:SUPPLY:HOSES, LINES/PIPING, AND TUBING Multiple Failure:		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 15-MAR-2004	Failure Mileage 145000	Failure Speed 40			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
The Make	The Model (Name or Number)			The Size (Example P215/65R15)	
DOT No. (Example: DOTM1GABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
The Component Code	Tire Failure Type				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)</i>					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(es). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
STEEL BRAKE LINES TO BOTH REAR BRAKE CYLINDERS DEVELOPED LEAKS CAUSING ALMOST TOTAL LOSS OF BREAKING. BOTH LEAKS OCCURRED ALONG THE FRAME MEMBER AT THE MIDPOINT OF THE CHASSIS.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY	
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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.					

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p align="center">DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-828-DASH-2-DOT (1-888-327-4236) INTERNET: www.safercar.gov/hotline</p>				FOR AGENCY USE ONLY 100148																			
				Data Received 26-MAR-2004	Repository <input type="checkbox"/>																		
				Reference No. 10063927																			
OWNER INFORMATION (Type or Print) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name:</td> <td colspan="2"></td> <td>Daytime Telephone Number:</td> <td colspan="2">E-mail Address:</td> </tr> <tr> <td>Address:</td> <td colspan="2"></td> <td>Evening Telephone Number:</td> <td colspan="2"></td> </tr> <tr> <td>City:</td> <td colspan="2"></td> <td colspan="3"></td> </tr> </table>						Name:			Daytime Telephone Number:	E-mail Address:		Address:			Evening Telephone Number:			City:					
Name:			Daytime Telephone Number:	E-mail Address:																			
Address:			Evening Telephone Number:																				
City:																							
<i>Do you authorize NHTSA to release your name and address to the vehicle manufacturer?</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</i> Signature of Owner _____ Date _____ / _____ / _____																							
VEHICLE INFORMATION																							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2MELM7 [REDACTED]				Make: MERCURY	Model: GRAND MARQUIS																		
Date Purchased 10-JAN-00	Dealer's Name and Telephone Number			Engine: No. Cylinders: 8	Fuel Type: Gas																		
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code																			
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 033210 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:HYDRAULIC: Multiple Failure: 2																				
FAILED COMPONENT(S)/PART(S) INFORMATION																							
Incident Date(s) 10-NOV-2003	Failure Mileage 62819	Failure Speed 25																					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE																							
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)																				
DOT No. (Example: DOTW1A9ABCDEF)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:																					
Tire Component Code			Tire Failure Type																				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE																							
Make:	Date Manufactured:	Model No./Name:																					
Seat Type:	Installation System:																						
Child Seat Component Code:	Failed Part:																						
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)																							
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: 0	Number of Deaths: 0	Reported to Police: N																			
<i>Narrative Description of Incident(s), Crash(es), and Injury(ies).</i> <i>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</i>																							
I PURCHASED A PRE-OWNED, LOW MILAGE 1996 GRAND MARQUIS MERCURY LS[VIN#2MELM75W2T0620859] FROM A LOCAL CAR DEALER IN JANUARY 2000. THE CAR WAS IN IMMACULATE CONDITION WITH ONLY 57600 MILES ON THE ODOMETER. NOVEMBER, 2003, WHILE DRIVING THE CAR, I LOST ALL BRAKING. MY LOCAL REPAIR SHOP FIXED THE PROBLEM(BRAKE LINE FAILURE). WHILE AT MY STATE INSPECTION IN MARCH, 04, THE BRAKE LINE "BLEW" OUT AGAIN WHILE THE TECHNICIAN WAS TESTING THE BRAKES. I FEEL THIS IS A VERY SERIOUS SAFETY FACTOR. I VALUE MY LIFE AND I FEEL THERE SHOULD BE A RE-CALL ON THIS PROBLEM. SO FAR, REPAIR BILLS TOTAL OVER \$500. THIS IS A GREAT AUTOMOBILE EXCEPT FOR THE BRAKE PROBLEM I AM EXPERENCING. *AK																							
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY																				
The Privacy Act of 1974/Public Law 93-509 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 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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10066028

2024-02-1 23:00:33

Ford Motor Company
Customer Relationship Center
P.O. Box 6248
Dearborn, MI 48126

United States Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation
NSA - 1001, 400 7th Street, S.W.
Washington, DC 20590

Re: Complaint Concerning 1997 Mercury Grand Marquis
Vehicle No. 2MELM7 [REDACTED]
Sudden Failure of Front to Rear Brake Line
NHTSA Office of Defects Investigation EA03-012
(opened July 25, 2003)

Dear Ford and Office of Defects Investigation:

I am writing to you on behalf of my elderly mother, Annette G. Myers and her recent encounter with the failure of her front to rear brake line on her 1997 Mercury Grand Marquis.

In 1997, my elderly parents purchased a new 1997 Mercury Grand Marquis. They have not driven it much. As of today, it has been driven only 53,800 miles. In fact, since they moved to lower Delaware in 2001, my mother has only put 2000 miles on the car. They had very little trouble with the vehicle until quite recently.

In early March, 2004, we had all four of the original equipment Michelin tires replaced. The new tires were the same size but a different manufacturer, Goodyear versus the original Michelin. Within a week of the tire change, the brakes on the Mercury failed. We discovered such not only by the brake pedal going soft but by noticing brake fluid running onto the ground at about the middle of the driver's side door. Obviously, it was a very dangerous situation since the brakes had no pressure. My mother drove the car for some distance not knowing what the problem was. Prior to this time, the car had never had any brake problems. In fact, within the last year, I had had the brakes inspected.

We took the car first back to the tire dealer and then to the local Ford dealer. The

Ford Motor Company, Customer Relationship Center
NHTSA, Office of Defects Investigation
Re: 1997 Mercury Grand Marquis, Investigation EA 03-012

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tire dealer said the front to rear brake line had ruptured. The Ford dealer, Boulevard Ford in Lewes, Delaware, said the brake lines had "rusted through" and needed to be replaced. We had those lines replaced at a cost of \$715. I was told that the new lines had to be hand-fashioned by the mechanic because Ford no longer makes replacement lines for this vehicle. I enclose a copy of the repair bill. You can see most of the repair cost arises from the labor of hand-fitting the replacement lines.

I understand the National Traffic Safety Board and Ford has received more than 700 complaints and notices about rear brake line failures on 1997 Mercury Grand Marquis models. The number of complaints moved the NHTSA in July, 2003, to begin a complaint investigation concerning these failures. EA 03-012. On behalf of my mother, I would like to add her complaint to the earlier ones about the failure of the brake lines on these vehicles. The problems described in the NTHSA letter calling for an engineering analysis sound very similar to what happened to my mother's car.

The dealer's invoice describes the lines as "rusted," suggesting that the rupture occurred when the line corroded through. I have owned several 7 and 8 year old cars and never suffered "rusted-through" brake lines. Nor do I believe the rust can be chalked up to the corrosion due to salting of the roads in the wintertime. My mother, like me, lives in southern Delaware where we do not have frequent snow and ice. And the state transportation department is not known for using salt on the roads. Moreover, when it does snow my mother usually does not drive and it simply sits at home.

In addition, I think one cannot ignore that the brake line failure occurred - without any warning - immediately after the tires were replaced. That "coincidence" suggests to me that possibly due to the differing tires, the brake line may have been pinched or placed in a position to rub against the car's underbody or frame.

Of course, we were glad we caught the problem when we did. I would have hated to see the brake line fail suddenly, leaving the car with no brakes, as my mother made her trips to the local Walmart.

I have kept the brake line. As I said above, my mother would like to add her complaint and experience to the numerous other complaints the NHTSA has received about brake line failures in the 1997 Grand Marquis. I would be glad to talk to anyone from the NHTSA to provide any more needed information. If Ford would like to contact me about the brake line problem and the \$715 costs my mother had to pay, I would glad to provide Ford with any more information.

Ford Motor Company, Customer Relationship Center
NHTSA, Office of Defects Investigation
Re: 1997 Mercury Grand Marquis, Investigation EA 03-012

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March 23, 2004

You can reach me during the day at [REDACTED]
2775. My mother, Annette G. Myers, can be reached at [REDACTED]

Sincerely yours,

A large rectangular area of the document has been completely blacked out, obscuring a handwritten signature.

Enclosure

Boulevard Ford Invoice No. XLCS173452

cc: Boulevard Ford (w/o enc.)

CUSTOMER NO. 41251	ADVISOR AMANDA GRANT	2281	CARTRID 0886	INVOICE DATE 03/16/04	
	LABOR RATE 70.00	LICENSE NO.	MILEAGE IN 33759	COLOR /	STOCK NO.
	YEAR/MAKE/MODEL 97/MERCURY/GRAND MARQUIS/4 DOOR SED			DELIVERY DATE	DELIVERY MILES
	VEH. ID. 4	P		WEATHER	PRODUCTION DAY
	P.T.B. NO.				
				7/10/04	
					MILEAGE OUT NOT 53

LABOR & PARTS

JOB # 1 52F02 BRAKE SYSTEM HOURS: 9.50 TECH(S):3020

CHECK BRAKE LINES FOR RUST

RUSTED LINES

UNBOLTED AND RAIBED BODY REMOVED AND REPLACED AND MADE FRONT TO REAR BRAKE LINES AND BLED AIR FROM SYSTEM

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	5	302X3	FITTING	1.64
JOB # 1	4	813-1209	BRK. LINE	7.00
JOB # 1	2	PM-1	BRAKE FLUID D	5.75
JOB # 1	6	105X3	FITTING	0.50

JOB # 1 TOTAL PARTS

JOB # 1 TOTAL LABOR & PARTS

JOB 2+30F02B00P COOLANT FLUSH HOURS: TECH(S):3020

PERFORM COOLANT FLUSH

SCHEDULED MAINTENANCE

INSPECT AND FLUSH COOLANT SYSTEM, REPLACE COOLANT AND CHECK HOSES

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2	1	PKCOOLANT	FLUSH KIT	43.95
JOB # 2	1	9500	FLUSH KIT	****
JOB # 2	8	VC-4-A	ANTI/FZ	****

JOB # 2 TOTAL PARTS

JOB # 2 TOTAL LABOR & PARTS

MISC	CODE	DESCRIPTION	CONTROL NO.
JOB # A	SS	SHOP SUPPLIES	
JOB # 1	SDL	5% SENIOR DISCOUNT LABOR	
JOB # 1	SDP	5% SENIOR DISCOUNT PARTS	

TOTAL - MISC

COMMENTS:
DRDP

TOTALS

<input type="checkbox"/> Check ()	check#	<input type="checkbox"/> Cash ()	
<input type="checkbox"/> Charge ()	acct#	<input type="checkbox"/> Credit Card ()	

TOTAL LABOR....
 TOTAL PARTS....
 TOTAL SUBLET....
 TOTAL G.O.G....
 TOTAL MISC CHG.
 TOTAL MISC DISC
 TOTAL TAX.....
 TOTAL INVOICE \$

BOULEVARD FORD-LINCOLN-MERCURY OF LEWES
 1583 Highway One
 Lewes, DE 19958-9641
 302-645-2801 ext.300 1-877-645-2801
www.boulevardauto.com

where we want you
 Please let us know

Thank You. We appreciate your business!