



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

FDR AGENCY-USE ONLY 100079

Date Received

2003 MAY 12
24 FEB 2003

Repository

Reference No.
10009168

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PACIFICA State: CA Zip Code: [Redacted]

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

Provide the vehicle's current VIN number: [Redacted] (located at the bottom of windshield on driver's side)

Make	Model	Model Year
FORD	CONTOUR	2000
Date Purchased	Dealer's Name and Telephone Number	Engine No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	Fuel Type:
State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain
	<input type="checkbox"/> Cruise Control	
Vehicle Component Code		Multiple Failure: 1
980000 OTHER		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24 FEB 2003		

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

THE DASHBOARD DETACHED FROM THE GRILL *JB

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 Administration 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.

