



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 1375

Date Received

Repository ☐

2003 JUN 26 AM 8:19
03-JUN-2003

Reference No.
10022106

OWNER INFORMATION (Type or Print)

Name

Address

City

NEW LONDON

State

CT

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? ☐ YES ☒ NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/15/03

VEHICLE INFORMATION

Make FORD		Model CONTOUR		Model Year 1999	
Date Purchased 8/22/00	Dealer's Name and Telephone Number Winner Ford (840) 376-4434		Engine: No. Cylinders 4	Fuel Type: Unleaded Gas	
Original Owner ☐	Dealer's City Lisbon	State CT	Zip Code 06351		
Transmission Type Automatic	☐ Antilock Brakes ☒ Cruise Control	Powertrain Front-wheel Drive		Vehicle Component Code 091200 FUEL SYSTEM, OTHER: STORAGE: FUEL GAUGE SYSTEM	
Multiple Failure: 1					

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 2/18/02	Failure Mileage 51,000	Failure Speed ?	Failure Description Fuel Flammability + Gas gauge inoperative - 025460 not working properly
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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: DOTM15ABC036)	☐ 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

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

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ 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).

FUEL GAUGE NEEDLE FLOATS ERRATICALLY. DEALER DIAGNOSED DEFECTIVE FUEL FLOW METER.*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 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(ies)

AT around 8-20-02 I TOOK MY VEHICLE TO WALING CITY FORD
IN NEWLONDON CT FOR EXAMINATION OF MY FUEL GAUGE. I WAS
TOLD I PROBABLY HAVE A DEFECTIVE FLOW-METER THAT'S STOPPED
MY FUEL TANK AND WALING CITY FORD OFFERED TO FIX IT.
I WAS TOLD MY WARRANTY EXPIRED OUT RE WOULD FIX IT FOR
ME FOR A \$100.00 DOLLARS. TO ME THE MECHANIC LOOKED
SHAKY, AND I THINK HE WANTED TO MOON-BAT THIS
JOB AND ASKET A \$100.00 BUCKS FROM ME.
I TOLD THEM THAT SHOULD NOT HAPPEN AT 50,000 MI/
A FUEL FLOW METER SHOULD NOT TO WORK. I TOLD THEM YOU
FIX IT'S A FACTORY PROBLEM. AGAIN THE SAME PLACE
WAS WALING CITY FORD IN NEWLONDON CT. 06326

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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



**VEHICLE
OWNER'S**

QUESTIONNAIRE

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(DASH) & DOT



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