



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) 2004 NOV 15 PM 6:50:30
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100216

Date Received

Repository

Reference No.
10095282

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WAYNE State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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, please provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/2/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FALP653XSk [REDACTED]
Make FORD Model CONTOUR Model Year 1995
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders 4 Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain
Vehicle Component Code: 071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 11-NOV-1996 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: DOTM9ABC036) 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 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).

CONSUMER RECEIVED NHTSA RECALL 95V232000 CONCERNING FUEL TANK ASSEMBLY:PIPE:FILLER:NECK. AFTER HAVING THE FUEL TANK REPLACED CONSUMER NOTICED FLUID LEAKING FROM UNDERNEATH THE VEHICLE. IT WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC INFORMED DETERMINED THAT FUEL TANK NEEDED TO BE REPLACED. *AK

95V232000 Recall performed 11/1/1996. Approximately 8 years later, the same problem occurred and fuel tank again had to be replaced. The 2nd fuel tank was replaced on 10-7-2004, total repair costing ~\$1,200.00.
First repair done @ Friendly Ford Dealership in Roselle, Illinois 11-11-1996. (630-924-8686)
Second repair done @ Village Ford Dealership in Bolingbrook, Illinois 10-7-2004. (630-759-2096)

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.

ORIGINAL ESTIMATE (PARTS & LABOR) \$
 AUTHORIZED ADD'L REPAIRS \$
 DATE
 TIME

FRIENDLY FORD, Inc.
 333 E. IRVING PARK ROAD
 ROSELLE, IL 60172
 (708) 924-8686

CUSTOMER PAY WARRANTY INTERNAL
 CASH CHARGE

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto.
 The Factory Warranty constitutes all of the warranties with respect to the sale of this item/item. The seller hereby expressly disclaims 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/item. NOT RESPONSIBLE FOR TAPE PLAYERS, CAR PHONES, RADAR DETECTORS, CB RADIOS, ETC.
 P & A CODE: 01521

SATURDAY SERVICE AVAILABLE ASK US
 P.O. NO.
 OASIS
 YES NO
 FORD
 TIME PROMISED AM PM
 KEY TAG NO.
 PHONE WHEN READY YES NO

OIL & FILTER	LUBRICATE	TIRE ROTATION	FRONT END ALIGNMENT	4 WHEEL ALIGN.	TIRE BALANCE	FRONT BRAKE INSPECTION	REAR BRAKE INSPECTION	REAR WHEEL BEARINGS	SBSDS TEST	4 CYL. TUNE-UP	6 CYL. TUNE-UP	8 CYL. TUNE-UP	REPLACE AIR FILTER	REPLACE FUEL FILTER	ELECTRONIC ENGINE ANALYSIS	FUEL INJECTOR SERVICE	SAFETY INSPECTION	ELECTRICAL ALT. SYSTEM TEST	AIR CONDITIONING SERVICE	TRANS. SERVICE	COOLING SYSTEM FLUSH	WIPER BLADES
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23

CUSTOMER'S SIGNATURE **X**
 ALL PARTS REMOVED WILL BE DISCARDED UNLESS OTHERWISE SPECIFIED SAVE DISCARD
 ALL PARTS ARE NEW EXCEPT AS NOTED

INSTRUCTIONS ON WORK TO BE DONE

51* PAY TYPE: W CC: L67
 CK FUEL LEAK
Problem FIXED when Replaced Fuel Tank.

PG 1 OF 1

RT	OPER. CODE	TIME	TOTAL

52 PAY TYPE: W CC: N02
 CK SQUEAK ON HEAVY TURNS
Replce Sway Bar

RT	OPER. CODE	TIME	TOTAL

53 Recall 95530
 Perform Recall
 Replaced Gas Tank

ADD ON REPAIR *Recall*
 DATE *11/10* TIME *2:30*
 MGR *[Signature]*

RT	OPER. CODE	TIME	TOTAL

53 Recall 95531
 ordered parts

ADD ON REPAIR *Recall*
 DATE *11/10* TIME *2:30*
 MGR *[Signature]*

RT	OPER. CODE	TIME	TOTAL

RO 21927-4 *TAG 0535* LIC: IL [REDACTED] SVC ADV: 519 STEVE VIHANEK
 95 **VIN: 1FALP653X SK [REDACTED]*
 FORD CONTOUR
 GL. 4DR SDN
 LICENSE: IL [REDACTED] CHAMPAIGN CAR

BARTLETT
 IL [REDACTED]

HOME: [REDACTED]
 WORK: [REDACTED] EXT: 130

ODOMETER:
 PROD:090994
 CURRENT: 17107

CUSTOMER *[Signature]*
 Date *11/11* 12:30
 DIST CODE: 1FA

EXTENDED SVC PLAN: TYPE: NO IN FORCE: N
 NUMBER:ESP INFORMATION
 11/11/96 09:19:47
 255 NOTE: FIRST VISIT
 ****PROMISED DATE: 11/11/96 TIME: 1900****



POSTAGE

333 E. Irving Park Rd • Roselle, IL 60172
(630) 924-8686



BARTLETT IL [REDACTED]

GPD-123626 808

Vendor FMC	Part Number F5RZ5462100AA	Description KIT - REP	Qty 1	Order # 96316005
CU # 26020	Bin Loc	Packing Slip	Mult Key RO#21927	Ordered 11/11/96
Balance Due 5.15	Deposit .00	Invoice #	Acct. #	Purchase Order 0067
Customer Name [REDACTED]		Home Phone [REDACTED]		Business Phone [REDACTED]
95 FORD	CONTOUR	4DR SDN	1FALP653XSK	[REDACTED]
			CHAMPAIGN	090994
R/O # 21927	Advisor 519 VIKNANEK,	Technician 112 ALBRECHT,	Salesman	

Requested Action

DV

THANK YOU VERY MUCH FOR YOUR ORDER
YOU WILL BE NOTIFIED BY MAIL WHEN YOUR PART ARRIVES