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 100145

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Repository ☐

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OWNER INFORMATION (Type or Print)

Name

Address

City: MAPLE GROVE | State: MN | 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [signature] Date: 1/29/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FDRE14L2XH	FORD	CONTOUR	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1999	Brookdale Ford			No. Cylinders	Gas
Original Owner ☒	Dealer's City: Brooklyn Park	State: MN	Zip Code: 55311		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		200000 WHEELS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
14-DEC-2003	65000	40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
American Racing		
DOT No. (Example: DOTMAL9ABC038)	☐ Original Equipment ☐ Prior Repair	Failure Location: Bass Lake Rd
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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 40 MPH REAR DRIVER SIDE WHEEL ~~SEPARATED. AS A RESULT, STEERING BEGAN TO WOBBLE AND SHAKE. NO IMPACT REPORTED.~~ fell off vehicle. Damage was incurred to undercarriage, brake drum, rim, running board. Lug nuts were determined to have come loose due to failure to retorque after changing seasonal tires (evidenced by elongated lug nut holes). Wobbling and shaking occurred 3 miles prior to loss of wheel.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY