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 1220

Date Received	Repository
01-DEC-2004	
	Reference No. 10101891

OWNER INFORMATION (Type or Print)

Name

Address

City DEARBORN HEIGHTS | State MI | 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 e[illegible] address to the vehicle manufacturer.

Signature of Owner [illegible] Date: 11-30-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP6833XW	FORD	CONTOUR	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
NOV- 99	STARK Hickey / 313-538-6600			No. Cylinders 4	
Original Owner	Dealer's City REDFORD	State MI	Zip Code 48240		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☒ Cruise Control		114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-MAY-2004	15,000		

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 STATED DASHBOARD WAS LIFTING, AND DEFOGGER DID NOT WORK. THERE WAS A RECALL REGARDING THIS ISSUE. HOWEVER, THERE WAS NO RECALL INFORMATION IN THE SYSTEM. CONSUMER WAS TOLD THAT A LETTER WAS SENT TO HER TWO YEARS AGO. *AK

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