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 100148

Date Received	Repository
06-APR-2006 (2006 MAY -3 AM 7:04)	
	Reference No. 10154698

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City: MIAMI / State: FL / Zip Code: [redacted]	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

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FALP66L5W[redacted]	FORD	CONTOUR	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
06-JUN-00	FORD MIDWAY MALL 305-266-3000			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City: MIAMI	State: FL	Zip Code: 33144		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-MAR-2006	32000		

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: DOTMALSABC036)	☐ 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).

DT*: THE CONTACT STATED THE VEHICLE STALLED SEVERAL TIMES IMMEDIATELY AFTER BEING STARTED AND THE CHECK ENGINE LIGHT ILLUMINATED CONSTANTLY. THEREFORE THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP WHERE THE BATTERY, ON-BOARD COMPUTER, AND ALTERNATOR WERE REPLACED. A REBUILT TRANSMISSION WAS ALSO INSTALLED. AFTER THE WORK WAS PERFORMED, THE PROBLEMS CONTINUED. THERE IS A NHTSA RECALL CAMPAIGN # 98V233000, REGARDING THE POWER TRAIN: AUTOMATIC TRANSMISSION: LEVER AND LINKAGE: FLOOR SHIFT RELATED TO THE MAKE AND MODEL OF THE VEHICLE, HOWEVER THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).