



U.S. Department of Transportation

National Highway Traffic Safety Administration

**DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 258**

Data Received  07-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  733673	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) _____ <small>(located at front of windshield or drivers side)</small>	Vehicle Make <b>FORD</b>	Vehicle Model <b>CONTOUR</b>	Vehicle Year <b>1995</b>	Current Odometer Reading
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Purchase Date <b>01-MAR-1999</b>	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 02112000 02170000 04100000	Par. Name(s) <b>SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S</b> <b>SUSPENSION:INDEPENDENT FRONT:BEARING WHEEL</b> <b>EMERGENCY PARKING BRAKE:MECHANICAL</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures <b>2</b>	Date(s) of Failure(s) <u>07-OCT-2000</u> Mileage at Failure(s) <u>60000</u> Vehicle Speed at Failure(s) <u>55</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**GAS SENSOR FAILED EARLY ON, HAD IT FIXED. SHORTLY THEREAFTER THE EMERGENCY BRAKE FAILED, HAD THAT FIXED. NOW BOTH REAR SPRINGS HAVE BROKEN, ONE FRONT BEARING HAS BEEN REPLACED AND THERE MIGHT BE A PROBLEM WITH FRONT STABILISER BAR. CONTACTED FORD THIS MORNING AND WAS INFORMED THAT I WOULD HAVE TO TAKE THE VEHICLE TO A FORD DEALER FOR "VERIFICATION PURPOSES" UNFORTUNATELY THE VEHICLE POSES A DANGER DUE TO A LOOSE SPRING IN THE BACK. THE VEHICLE HAS BEEN MAINTAINED BY "GROSSE POINTE AUTOWORKS" LOCATED 1/2 BLOCK OFF MY HOUSE SINCE THE DAY I BOUGHT IT. DEALERSHIPS ARE CA 9+ MILES AWAY AND HAVE NEVER BEEN CONSUMER FRIENDLY WHEN I HAVE CONTACTED THEM. PLEASE ADVISE AS TO RECOURSE REGARDING THE IRRESPONSIVE FORD MOTOR CO.**

CONTINUED ON BACK (IF NEEDED)

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.