

U.S. Department
of TransportationNational 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 120

Date Received

24-JAN-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

855480

 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) _____ (located at front of windshield on drivers side)	Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12320000	Part Name(s) INTERIOR SYSTEMS:SEAT LATCH	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) 26-OCT-1999 Mileage at Failure(s) 10000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HAD REAR END COLLISION, AND BOTH FRONT SEATS COLLAPSED BACKWARD.
CONSUMER INJURED HIS BACK. *AK

CONTINUED ON BACK (REVERSE)

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 120	
		Date Received <u>24 JAN 2000</u> OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)		Reference No.	
[Redacted] 586376 RANCHO SANTA ANITA CA 92086		855480	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer.		☒ YES ☐ NO	
Signature of Owner [Redacted]		Date <u>2-9-00</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of	Vehicle Make	Vehicle Model	Vehicle Year
1FAFP66L3WK310267	FORD	CONTOUR	1998
Purchase Date <u>6/26/99</u>	Dealer's Name <u>Manhattan Beach Ford</u>		Engine Size (CID/CC/L) <u>2.5L</u>
☒ New ☐ Used	City <u>Manhattan Beach</u> State <u>CA</u> Zip Code <u>90266</u>	No Cylinders <u>6</u>	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No
Drive Train	Vehicle Type		Body Style
☐ Front ☒ Rear ☐ 4-Wheel	☒ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12320000	Part Name(s) INTERIOR SYSTEMS:SEAT LATCH	Location	Failed Part(s)
		☒ Left ☒ Front ☐ Right ☐ Rear	☒ Original ☐ Replacement
No of Failures <u>2</u>	Date(s) of Failure(s) <u>28-OCT-1999</u> Mileage at Failure(s) <u>10000</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☒ No	☐ Yes ☒ No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
☒ Yes ☐ No	☐ Yes ☒ No	<u>1</u>	<u>0</u>
		Estimated Property Damage	Reported to Police
		<u>\$1700</u>	☒ Yes ☐ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER HAD REAR END COLLISION, AND BOTH FRONT SEATS COLLAPSED BACKWARD. CONSUMER INJURED HIS BACK. *AK <i>wife was uninjured, however, complications to pregnancy later occurred - we don't know if the crash was at fault.</i>			
CONTINUE 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.			