

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 437

Date Received

06-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857991

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE	FORD	CONTOUR	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 06-FEB-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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 checked="" 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)

TRANSMISSION BLEW OUT FOR NO REASON ON FREEWAY. \*AK

CONTINUED ON BACK PLEASE

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 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 437 Date Received <u>06-MAR-2000</u> OFFICE DEFECTS INVEST		
OWNER INFORMATION (Type or Print)				Code or rt. of dist. of up. fr. Report No. <b>857991</b>		
[Redacted] <b>594651</b>				Work Number Home No. [Redacted]		
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your authorization, NHTSA will not send your name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Signature of Owner [Redacted]				Date <u>3/20/2000</u>		
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>3FALP6537SM132290</u> <del>NOT AVAILABLE</del>		Vehicle Make <b>FORD</b>	Vehicle Model <b>CONTOUR</b>	Vehicle Year <b>1995</b>	Current Odometer Reading <b>86553</b>	
Purchase Date <u>10-29-97</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>R &amp; B</u> City <u>FANTANA</u> State <u>CALIF</u> Zip Code <u>92335</u>		Engine Size (CID/CC/L) <u>2.0</u> No Cylinders <u>4</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	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
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component <b>07300000</b>	Part Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC</b>		Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures <b>1</b>	Date(s) of Failure(s) <u>06-FEB-2000</u> Mileage at Failure(s) <u>86553</u> Vehicle Speed at Failure(s) <u>65-67</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>NONE</b>	Number of Fatalities <b>NONE</b>	Estimated Property Damage <b>NONE</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<b>TRANSMISSION BLEW OUT FOR NO REASON ON FREEWAY. *AK</b>  I WAS DRIVING ON THE FREEWAY 65 TO 67 MPH, THERE WAS NO WARNING, I HEARD A LOUD HIGH PITCH BANG AND THEN IT SOUNDED LIKE A LOT OF ROCKS INSIDE A GARBAGE CAN, VERY LOUD INSIDE THE CAR. I DROVE OFF THE FREEWAY						
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 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.						
<b>AND WHEN I STOPPED THE CAR IT FROZE UP AND WOULD NOT GO FORWARD OR REVERSE.</b>						

DONE  CALLED  R.O. NUMBER 5645

CUSTOMER COMMENTS:

ALL REPAIRS/WORK DONE UNDER WRITANT'S SUPERVISOR AND APPROVED BY THE CUSTOMER. ALL REPAIRS/WORK DONE UNDER WRITANT'S SUPERVISOR AND APPROVED BY THE CUSTOMER. ALL REPAIRS/WORK DONE UNDER WRITANT'S SUPERVISOR AND APPROVED BY THE CUSTOMER.

cash

Standard transmission guarantee does not cover broken gears.

CHECK POSSIBLE  TOWED BY:   
 OIL LEVEL   
 FLUIDS

AMERICAN TRANSMISSION EXCHANGE  
 14765 Valley Blvd., Fontana, CA 92335  
 B.A.R. No. AB 005821 • EPA No. 000-000-118  
 Phone: (909) 829-9300 or 822-3405



DATE 3-6-00  
 PHONE WHEN READY  YES  NO  
 ORDER WRITTEN BY

QTY	U-USED	N-NEW	MODEL	YEAR	TRANSMISSION TYPE	LICENSE NO.	ODOMETEH	
			Ford	1995	CD4E	3X0A494	086553	
1			Transmission exch.					1545.00
1			Tonfr converter					285.00
1			Fordas Fluid 250 qt					25.00
			Rebuild Kit w/ labor 850. and rebr.					1855.00
			Tonfr converter					285.00
			hard parts are extra if needed					1135.00
			the trans + Tonfr con					
			were loaded with parts					
			From the trans that was removed + install. Trans					
			wiped out!					495.00
			Rebuild Trans exch. w/ labor					
			HAZ. WASTE					Nil
			TOTAL LABOR					495.00
			TOTAL PARTS					1855.00
			SUBLET REPAIRS					2350.00
			TOTAL BEFORE TAX					
			TAX					143.76

PHONE AUTHORIZATION  
 PHONE IC CALLED 3-8-00 ESTIMATE AMOUNT: 2350.  
 TIME 2:58 PM REVISED ESTIMATE  
 BY: [Signature] REVISED ESTIMATE  
 TIME: [ ] BY: [ ]

AUTHORIZED [Signature]  
 3-6-00

THIS IS NOT AN ATRA GOLDEN RULE WARRANTY