

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

335

Date Received

02-MAY-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

861255

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FALP6534SK178229	FORD	CONTOUR	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflation Bell <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 Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06112000	FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	21-APR-2000	36000	0	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING SMELLED GAS, TOOK VEHICLE TO DEALER WHO INDICATED THAT THERE WAS A CRACKED GAS TANK FUEL FILLER NECK. DEALER REPLACED FUEL TANK ASSEMBLY. *AK

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received: DO MAY 25 AM 02-MAY-2000 OFFICE DEFECTS INVESTIGATION Reference No. 861255	
OWNER INFORMATION (Type or Print) [Redacted]		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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 bottom of windshield on driver's side) 1FALP65348K178229	Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1995 Current Odometer Reading _____
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____ <input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input 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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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 08112000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 21-APR-2000 Mileage at Failure(s) 38000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input 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 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN DRIVING SMELLED GAS, TOOK VEHICLE TO DEALER WHO INDICATED THAT THERE WAS A CRACKED GAS TANK FUEL FILLER NECK. DEALER REPLACED FUEL TANK ASSEMBLY. *AK <i>Do not know if it was a cracked gas tank fuel filler neck</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 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.			

35 FREE
SERVICE LOANERS-
(FOR VEHICLES
PURCHASED
HERE)

Bredemann Ford In Glenview

2038 Waukegan Road
Glenview, IL 60025
Phone (847) 998-4000



1992 THRU 1997

"THANK YOU"

To insure your complete satisfaction we will attempt to follow up with a phone call or post card within 2 working days.
Best time of day _____ AM or PM At phone # _____

We have authorized and do hereby accept the repair work Bredemann Ford has been done along with the necessary material and I/we agree that you are not responsible for loss or damage to vehicle or accessories (ar, CB's etc.) in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts. I/we have granted you and/or your employee's permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on this vehicle to secure the amount of repairs thereto. I/we accept the terms of the disclaimer of warranty.

CUSTOMER NO. 80634	ADVISOR MIKE REYES	TAG # 461	1815	INVOICE DATE 04/27/00	INVOICE NO. FOC8249473
	YOU'RE # 1	LICENSE NO.	36033	COLOR WHITE/RED	STOCK NO.
	YEAR / MAKE / MODEL 95/FORD/CONTOUR	DELIVERY DATE		DELIVERY MILES	
	VEHICLE ID NO. 1FALP6534SK178229	SELLING DEALER NO.			
	F.I.L. NO.	P.O. NO.		H.U. DATE 04/21/00	A.M.D.G.

LABOR & PARTS				WARRANTY	
JOB # 1	14FDZ	FUEL SYSTEM DIAGNOIS C/REPORTS SNEELS RAW GAS FROM VEH.AFTER DRIVING CK & REPORT FOUND FUEL TANK LEAKING REPLACE FUEL TANK ASSLY	TECH(S):497		
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F9RZ-9002-C	TANK ASY FUEL		WARRANTY
JOB # 1	1	F9RZ-9324-A	HOSE-FUEL TANK		WARRANTY
				JOB # 1 TOTAL PARTS	0.00
				JOB # 1 TOTAL LABOR & PARTS	0.00

LABOR & PARTS				WARRANTY	
JOB # 2	02F0Z256P	INSPECT BELT INSPECT BELT AND REPORT FOUND DRIVE BELT & TENSIONER MAKING NOISE REPLACE DRIVE BELT & TENSIONER	TECH(S):497	148.00	
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2	1	F7RZ-6A22B-AA	TENSIONER ASY	66.99	66.99
JOB # 2	1	JK6-740-A	BELT-ACCESSORY	29.38	29.38
				JOB # 2 TOTAL PARTS	96.37
				JOB # 2 TOTAL LABOR & PARTS	244.37

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # A	HWM	HAZARDOUS WASTE & MATERIALS		7.40
JOB # 1	FWD	FORD WARRANTY DEDUCTABLE	249473	100.00
TOTAL - MISC				107.40

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$359.82 (+TAX)

TOTALS		TOTAL LABOR....	148.00
*****		TOTAL PARTS....	96.37
CASH []	CHECK []	TOTAL SUBLET....	0.00
DISCOVER []	CHARGE []	TOTAL B.O.G....	0.00
OTHER []		TOTAL MISC CHG.	107.40
*****		TOTAL MISC DISC	0.00
		TOTAL TAX.....	8.05
		TOTAL INVOICE \$	359.82

CUSTOMER SIGNATURE
***** DUPLICATE INVOICE *****