

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

294

Date Received

13-JUN-2000

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

Reference No.

863501

 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 on vehicle)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FALP6531SM140871	FORD	CONTOUR	1995	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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"/> In-wheel <input type="checkbox"/> 2-Point Belt				<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 05240000	Part Name(s) ENGINE COOLING SYSTEM:FAN	Location	Failed Part(s)
		<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) 10-MAY-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
		<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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ENGINE COOLING FAN MALFUNCTIONED CAUSING SMOKE TO COME FROM THE ENGINE. THE DEALER HAS REPAIRED THE VEHICLE.

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 284	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 614121		<b>DEFECTS INVESTIGATION</b> RECEIVED 00 JUL 10 PM 2:30 13 JUN 2000 OFFICE	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" 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.		Reference No. 863501 Work Number [Redacted] Home Number [Redacted]	
Signature of Owner [Redacted] Date 6/23/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located between windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
3FALP6531SM140871	FORD	CONTOUR	1995
Purchase Date	Dealer's Name	Engine Size (CID/CCIL)	Current Odometer Reading
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	EASTGATE FORD	2.0L	
	City READERCREEK State OH Zip Code 45430	No. Cylinders 4	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	<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	Part Name(s)	Location	Failed Part(s)
05240000	ENGINE COOLING SYSTEM:FAN	<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	15-MAY-2000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ENGINE COOLING FAN MALFUNCTIONED CAUSING SMOKE TO COME FROM THE ENGINE. DEALER HAS REPAIRED VEHICLE.  IT SEEMED TO ME THAT THE FAN WOULD "GRIND" (POSSIBLY THE BEARINGS) WHEN I TURNED IT BY HAND. THE DEALER SAID THAT THE FAN MOTOR HAD GONE BAD, BUT I BELIEVE THAT IF THIS IS INDEED TRUE, IT WAS THE RESULT OF THE FAILURE			
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.			



4365778

41381

# EASTGATE FORD, INC.

3415 EAST PATTERSON RD.  
DAYTON, OHIO 45430  
SERVICE: (937) 429-2400  
OFFICE: (937) 429-1300

\*INVOICE\*

PAGE 1

SERVICE ADVISOR: 3459 CRAIG COURTNEY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE	TAG	
	1995	FORD CONTOUR	3FALP6531SM140871		41483/41483	T268	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
13SEP1995	07AUG95		17:00 24MAR00		0.00		30MAR2000

R.O. OPENED: 07:11 24MAR00    READY: 15:50 30MAR00    OPTIONS: STK:26437 DLR:47C214  
 ENG:2.0L DOHC 4 CYL. ENGINE    TRN:AUTO OVERDRIVE TRANSMISSION

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A: COOLANT ODOR IN PASSENGER COMPARTMENT - SEE STREAM  
 SS SEE BELOW

2882	CP	2.50				170.13	170.13
1	F8RZ*8C607*KA	MTR & FAN ASY-ENG COOL			221.25	221.25	221.25

REPLACED COOLING FAN ASSEMBLY AND PLUG

B: CHECK A/C BLOWS WARM AIR  
 SS SEE BELOW

5110	CP	1.00				66.07	66.07
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NEEDS MANIFOLD ASSEMBLY EST \$420 +TAX

C CHANGE OIL & FILTER W/MULTI POINT INSPECTION

01	CHANGE OIL & FILTER W/MULTI POINT INSPECTION						
	5110	CPS	0.50			8.95	8.95
1	F5RZ*6031*AB	FILTER ASY OIL			7.78	4.55	4.55
	5	MB OIL			2.35	1.69	8.45

COMPLETED LOP

CUSTOMER PAY ENVIRNMT PROTCTN FDR REPAIR ORDER 11.81

PAID  
 EASTGATE FORD, INC.

APR 06 2000

*[Signature]*

CHECK CASH CREDIT CARD

THANK YOU FOR BRINGING YOUR CAR TO US FOR SERVICE.



TERMS: CHECKS TO \$100 - CASH - MAJOR CREDIT CARDS

DESCRIPTION	TOTALS
LABOR AMOUNT	245.15
PARTS AMOUNT	234.25
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	11.81
TOTAL CHARGES	491.21
LESS INSURANCE	0.00
SALES TAX	29.48
PLEASE PAY THIS AMOUNT	520.69

CUSTOMER COPY