

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

197

Date Received

14-JUL-2000

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

Reference No.

865433

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
1FALP6531SK235809	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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inlulubell <input checked="" 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 Ult <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
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05240000	Part Name(s) ENGINE COOLING SYSTEM:FAN	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
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No. of Failures 0	Date(s) of Failure(s) 00-JUN-2000 Mileage at Failure(s) 09600 Vehicle Speed at Failure(s) 0	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   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 checked="" type="checkbox"/> Yes <input 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
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING IN HOT WHEATHER NOTICED SMOKE COMING FROM THE ENGINE. THEN SAW COOLING FAN ON FIRE.\*AK

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.



# Vehicle Owner's Questionnaire (VOQ)

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FOR AGENCY USE ONLY 197

DATE RECEIVED: 00 AUG 11 AM 8:55  
OFFICE: 865433  
Reference No.

## OWNER INFORMATION (Type or Print)

Work Number: 197-058-0078-XXXX  
Home Number: 865433

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 8/1/00

## VEHICLE INFORMATION

Vehicle Identification No. (VIN): 1FALP6531SKZ355809	Vehicle Make: FORD	Vehicle Model: CONTOUR	Vehicle Year: 1995	Current Odometer Reading: 79000
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Purchase Date: APRIL 99	Dealer's Name: INTERNATIONAL MOTORS	City: COLORADO SPRINGS	State: CO	Zip Code: 80906
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Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	And/or Lock Brakes: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Restraint System: <input checked="" type="checkbox"/> Driver's Side Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Passenger Side Airbag	Chruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport UTV <input type="checkbox"/> Truck <input type="checkbox"/> Other	Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Standardwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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Component: 05240400	Part Name(s): ENGINE COOLING SYSTEM:FAN	Location: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures: 0	Date(s) of Failure(s): 30-JUN-2000	Mileage at Failure(s): 29000	Vehicle Speed at Failure(s): 0	Failed Part(s) Available? <input checked="" 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: 0	Number of Fatalities: 0	Estimated Property Damage: 0	Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING IN HOT WEATHER NOTICED SMOKE COMING FROM THE ENGINE. THEN SAW COOLING FAN ON FIRE. AK

CONTINUE ON BACK IF NEEDED

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# PENROSE AUTO SALVAGE



1650 HWY. 120 • PENROSE, CO 81240  
(719) 372-6007 • (800) 610-8074

\*\*\*\*\*  
CASH SALE \*\*\*\*\*

**SEE REVERSE SIDE  
FOR WARRANTY  
INFORMATION**

INVOICE # 01013216    DATE 7/01/06    Page 1  
P.O.#    CUSTOMER#

SHIP TO

SALESMAN  
JAS-1

TYPE OF SALE  
CASH

TAX CODE

SHIP VIA    Page 1

QUANTITY    PART NUMBER AND DESCRIPTION    UNIT PRICE    EXTENSION

1    10-YR. COND. FAN MOTOR    100.00    100.00  
 1    2.0. FAN COMPLETE    4.50    4.50  
 YR1FALPE9305K178079

Thank you.

Charge    100    Card 2    104.50    Subtotal    100.00

Cash    .00    Other    .00

Check    .00    Change    .00    Taxable    100.00

Part    100.00

RECEIVED BY \_\_\_\_\_

TAX

4.50

TOTAL

104.50

00911145452930010001  
ISSUE: 3:4

WACHSSE AUTO SERVICE  
1053 HWY-100  
DENVER, CO 80246

TRANSMIT VISA DAILY  
DATE: 07/01/90

TIME: 10:59

\* 0 0 0 0 0 0 0 0 0 0 \*

REF: 3582  
CARD: MC  
TRANS: PA

AMOUNT \$164.50

ACCT #: [REDACTED] EXP: 05/91  
MFR ID: 875622

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUED AGREEMENT  
OR PROMPT AGREEMENT IF CREDIT VOUCHER

[REDACTED]  
TOP COPY - MERCHANT BOTTOM COPY - CUSTOMER