Form Approved: O.M.B. No. 2127-0042

U.S. Department of Transportation
National 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 156

Date Received: 26-OCT-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 873896

[redacted]

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 bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FAFT6533WM140180	FORD	CONTOUR	1998	

Purchase Date: ☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06100000	FUEL:FUEL SYSTEMS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ 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?
	Date(s) of Failure(s): 25-OCT-2000 Mileage at Failure(s): 25 Vehicle Speed at Failure(s):	☐ 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	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

EA00025, WHILE REFUELING IT WON'T REFUEL OR IT'S VERY HARD TO FUEL VEHICLE. COMMON PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON BACK IF NEEDED

Form Approved O.M.B. No. 2127-0008

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Old_or
rt_flt
od_st
up_ltr

Reference No.
873896

OFFICE OF DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

[redacted] 651078

Work Number [redacted]
Home Number

...to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization ... provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 11/16/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located on driver's side of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FAFT6533WM140180	FORD	CONTOUR	1998	46000

Purchase Date: ☒ New ☐ Used

Dealer's Name: LARSON FORD
City: LAKEWOOD State: NJ Zip Code: 08701

Engine Size (CID/CC/L):
No Cylinders: 2.0

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

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No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	25-OCT-2000 / 25 /	☒ Yes ☐ No	☐ Yes ☒ No

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(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
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SIX GAS STATION ATTENDANTS CLAIM they HAVE HAD THIS problem with other FORD Vehicles

CONTINUE ON BACK IF NEEDED