

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 156

Date Received

26-OCT-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

873896

 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 front of windshield on drivers side) 3FAFT6533WM140180	Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06100000	Part Name(s) FUEL:FUEL SYSTEMS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 25-OCT-2000 Mileage at Failure(s) 25 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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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 (REVERSE)

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.



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20 AM 10:49

26-OCT-2000

OFFICE
INVESTIGATION

On or

at

at

up to

Reference No.

873896

OWNER INFORMATION (Type or Print)

651078

Work Number

Home Number

Do you intend to provide a copy of report to the manufacturer of your vehicle?

In the absence of an authorization, do you intend to provide your name and address to the vehicle manufacturer?

☒ YES☐ NO

Signature of Owner

Date 11/16/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)

(Located in block of windshield or driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

3FAFT6533WM140180

FORD

CONTOUR

1998

46,000

Purchase Date

Dealer's Name LARSON FORD

Engine Size

(CID/GGIL)

No. Cylinders

2.0

☐ Turbo☐ Diesel☒ Gas☐ Fuel Injection☒ New☐ Used

City LAKEWOOD

State NJ

Zip Code 08701

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☒ 3-Point Belt☐ Motorbelt☐ Yes☒ Front☐ Sport UT☐ 2-Door☒ Automatic☒ No☒ Driverside Airbag☐ 2-Point Belt☒ No☐ Rear☐ Truck☒ 4-Door☐ Passengerside Airbag☐ 4-Wheel☐ Minivan☐ Motorcycle☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

06100000

Part Name(s)

FUEL:FUEL SYSTEMS

Location

☐ Left☐ Right☐ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No. of Failures

Date(s) of Failure(s) 25-OCT-2000

Mileage at Failure(s) 25

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

☒ Yes☐ No

NHTSA Previously

Contacted?

☐ 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)

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SIX GAS STATION ATTENDANTS CLAIM they have had this problem with other FORD vehicles

CONTINUE ON BACK IF NEEDED

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