

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**

Data Received

03-NOV-2000

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

Reference No.

874361

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FALP67L1SM125316	FORD	CONTOUR	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L _____)	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 05230000	Part Name(s) ENGINE COOLING SYSTEM:PUMP:WATER	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No of Failures	Date(s) of Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 50	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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	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)**

WATER PUMP HAS FAILED, CAUSING ENGINE TO OVERHEAT. DEALER HAS BEEN NOTIFIED.\*AK.

CONTINUED ON BACK PLEASE

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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 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FALP67L1SM125316	FORD	CONTOUR	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<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"/> 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 05230000	Part Name(s) ENGINE COOLING SYSTEM:PUMP:WATER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 50 _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input 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	Number of Fatalities	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)

WATER PUMP HAS FAILED, CAUSING ENGINE TO OVERHEAT. DEALER HAS BEEN NOTIFIED.\*AK.

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Date Received NOV 27 PM 4:00 03-NOV-2000		Office DEFECTS INVESTIGATION		Od or rt or Se rt up_ftr	
OWNER INFORMATION (Type or Print)				Reference No. 874361	
[Redacted] 653411				Work Number [Redacted]	
Home Number /					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of [Redacted] send address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of [Redacted]				Date 11/20/00	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FALP67L1SM126316		FORD	CONTOUR	1995	60,000
Purchase Date 9/95	Dealer's Name VISTA FORD		Engine Size (CID/CC/L) 2.5 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	No Cylinders 6
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Woodland Hills State CA Zip Code		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag
			Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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
					Body Style <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 05230000	Part Name(s) ENGINE COOLING SYSTEM:PUMP:WATER		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 10/00 Mileage at Failure(s) 58,000 approx Vehicle Speed at Failure(s) N/A		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WATER PUMP HAS FAILED, CAUSING ENGINE TO OVERHEAT. DEALER HAS BEEN NOTIFIED.*AK. LOCAL DEALER IS NOW FIESTA FORD LOCATED IN INDIAN, CA. WATER PUMP IMPELLER FRACTURED AT HUB. IMPELLER IS PLASTIC. FAILURE RESULTED IN IMMEDIATE TEMPERATURE OVER TEMP EVEN AT IDLE.					
CONTINUE ON BACK IF NEEDED					
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