



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 858

Data Received

15-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

876582

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
3FALP66L1SM128380	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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____				
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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <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 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 06310000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 70 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

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	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)

WHILE TRAVELING THROUGH A PARKING LOT SMOKE PERMEATED PASSENGER'S COMPARTMENT. FIRE DEPARTMENT OPENED HOOD, AND STATED THAT AN ELECTRICAL FIRE HAD OCCURRED. NO INJURIES. VEHICLE WAS TOWED TO DEALER. UNDER INVESTIGATION AT PRESENT. 059749 # FIRE DEPARTMENT, REPORT STATION 46 LOOP, 1604 US 281 NORTH, STONE OAK, TX. *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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CONTRACT OR BACK IF NEEDED

OAK, TX, AK
 PRESENT, 059749 # FIRE DEPARTMENT, REPORT STATION 46 LOOP, 1504 US 281 NORTH, STONE
 WHILE TRAVELING THROUGH A PARKING LOT SMOKE PERMEATED PASSENGERS
 COMPARTMENT. FIRE DEPARTMENT OPENED HOOD, AND STATED THAT AN ELECTRICAL FIRE
 HAD OCCURRED. NO INJURIES. VEHICLE WAS TOWED TO DEALER. UNDER INVESTIGATION AT

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

Crash Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Number of Persons Injured none	Number of Fatalities none	Estimated Property Damage \$1,000 + rental vehicle for 1 week	Reported to Police Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	Date(s) of Failure(s) 08-DEC-2000	Mileage at Failure(s) 70	Vehicle Speed at Failure(s) 100 mph (approx)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08310800	Part Name(s) ELECTRICAL SYSTEM: WIRING: HARNESS: FRONT: UNDERHOOD	Location Front	Failed Part(s) Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>	Transmission Type Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Antilock Brakes Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Restraint System 3-Point Belt <input checked="" type="checkbox"/> Motor Bell <input type="checkbox"/> Driver Side Airbag <input checked="" type="checkbox"/> Passenger Side Airbag <input checked="" type="checkbox"/>	Cruise Control Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Drive Train Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>
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Purchase Date	Dealer's Name Magnussen - Garage	City Napa	State CA	Zip Code 94559	Engine Size 2.5	Engine Type Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/>	Engine Cylinders 6	Fuel Injection Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/>
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Vehicle Ident. No. (VIN) 3FALP6L1SM128380	Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1998	Current Odometer Reading 74304/00
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VEHICLE INFORMATION

Signature of Owner _____
 Date: 1/11/2001
 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.

Home Number [REDACTED]	Work Number [REDACTED]
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Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
 www.nhtsa.dot.gov/hotline
 1-888-327-4236
 NATIONWIDE 1-888-DASH-2-DOT
 DOT Auto Safety Hotline

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