
 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252			
OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 100%; height: 20px;"></div>		Date Received 16-JAN-2001		Od_or _____ rt_dt _____ od_rt _____ up_itr _____			
666824		Reference No. 878243		Work Number _____ Home Number _____			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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) 1FALP6530SK210058		Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1995	Current Odometer Reading _____		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <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"/> Motorbelt <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 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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 05150000 11502000	Part Name(s) ENGINE:OTHER PARTS VENTILATION:FRESH AIR:HEATER:DEFROSTER:DEFOGGER:FAN		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 0	Date(s) of Failure(s) 18-DEC-2000 Mileage at Failure(s) 82000 Vehicle Speed at Failure(s) 0		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLICATION INCIDENT INFORMATION							
(Please describe in detail the incident(s), failure(s), crash(es), and injury(es) on the back of this form)							
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag. _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
CONSUMER WAS TRAVELING ON HIGHWAY, AND VEHICLE STARTED TO OVERHEAT. PULLED OVER TO THE SHOULDERS, AND VEHICLE COOLED DOWN. ABOUT 25 MINUTES LATER, THERE WAS A BURNING SMELL INSIDE OF VEHICLE COMING THROUGH THE VENTS. ALSO, ENGINE WAS REPLACED. *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.							

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OWNER INFORMATION (Type or Print) [Redacted] 666824		Work Number Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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) 1FALP6530SK210058	Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1995
Current Odometer Reading			
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 <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <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 checked="" 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 Utl <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
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05160000 11802000	Part Name(s) ENGINE:OTHER PARTS VENTILATION:FRESH AIR:HEATER:DEFROSTER:DEFOGGER:FAN	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 0	Date(s) of Failure(s) 18-DEC-2000 Mileage at Failure(s) 82000 Vehicle Speed at Failure(s) 0	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 checked="" type="checkbox"/> Yes <input 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		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>CONSUMER WAS TRAVELING ON HIGHWAY, AND VEHICLE STARTED TO OVERHEAT. PULLED OVER TO THE SHOULDERS, AND VEHICLE COOLED DOWN. ABOUT 26 MINUTES LATER, THERE WAS A BURNING SMELL INSIDE OF VEHICLE COMING THROUGH THE VENTS. ALSO, ENGINE WAS REPLACED. *AK</p>			
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 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			

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

We received a recall notice from
General Motors Co. in March 2001. I took
the recall notice and the invoice which
was paid to have the repairs done in
1999. We received a recall about last
week.



4-30-11

☆ U.S. G.P.O.: 1982 - 625-087 / 82288

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



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IF MAILED
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UNITED STATES

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FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

