



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 284

Date Received

31-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_lfr _____

Reference No.

879468

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>(Located at bottom of windshield on driver's side)</small>	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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util 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 02443000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:SI	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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 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)

ONE OF FRONT AND TWO OF REAR COIL SPRINGS BROKE.*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.

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline
1-888-327-4236

OWNER INFORMATION (Type or Print)

671688

Work Number

Home Number

Reference No. 879468

879468

Date Received

01 MAR - 2 1999

31 JAN - 2001

OFFICE

RECEIVED

Od or

H:R

od, n

up, lr

TRUCK

879468

FOR AGENCY USE ONLY 284

Signature of Owner

Date 2/25/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

1FRLP67LH5K2Y42A FORD

Vehicle Make

Vehicle Model

CONTOUR SE

Vehicle Year

1995

Current Odometer Reading 67500

Purchase Date 4/6/00

Dealers Name ED LEW WHOLESALE

City DEPTW State NY Zip Code 14043

New Used

Transmission Type

Automatic Manual

Articled Brakes

Yes No

Restraint System

3-Point Belt Motorbelt 2-Point Belt Passenger-side Airbag

Cruise Control

Yes No

Drive Train

Front Rear 4-Wheel

Vehicle Type

Car Van Minivan Other

Body Style

2-Door 4-Door Stationwagon Pick Up Truck Other

Component 02113000

Part Name(s)

SUSPENSION: INDEPENDENT FRONT ATTACHING MECHANISMS:

Location Left Right Rear Front

Failed Part(s) Original Replacement

No of Failures 2

Dates of Failure(s) 5/1/00 + 1/2/01

Mileage at Failure(s) 58,931 mi

Vehicle Speed at Failure(s)

66,362

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 Failures

Estimated Property Damage

Reported to Police Yes No

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

ONE OF FRONT AND TWO OF REAR COIL SPRINGS BROKE. AK - BROKEN SPRINGS WERE VERY SHARP - DANGEROUS - COULD INJURE OTHER TRIPERS.

FRONT - PASSENGER SIDE COIL SPRING BROKE. TRUCK WAS BROKE TO ED LEW TO HAVE REPAIRS ON 5/1/00 - MECHANIC NOTICED COIL SPRINGS BROKE.

CAR WAS ON LIFT - MECHANIC NOTICED 2 REAR COIL SPRINGS BROKE.

2 COIL SPRINGS + REAR STRUTS REPLACED ON 1/2/01 - 66,362 miles

NOT UNDER WARRANTY

CONTINUE ON BACK IF NEEDED

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<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 284</p> <p>Date Received 31 JAN 2001</p> <p>Reference No. 879468</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ 671888</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, NHTSA will not include your name and address to the vehicle manufacturer.

Signature of Owner _____ Date **2/25/01**

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) 1FALP67L4SK244422	Vehicle Make FORD	Vehicle Model CONTOUR SE	Vehicle Year 1995	Current Odometer Reading 67,500		
Purchase Date 4/16/00	Dealer's Name ED LEW WHOLESALE		Engine Size (CID/CC/L) 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City DEPEW	State NY	Zip Code 14043	No Cylinders 6		
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 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 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 Utl <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 02113000	Part Name(s) SUSPENSION: INDEPENDENT FRONT ATTACHING MECHANISMS:S	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 2	Date(s) of Failure(s) 5/1/00 + 1/2/01	Mileage at Failure(s) 58,481 / 66,362	Vehicle Speed at Failure(s) _____
Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ONE OF FRONT AND TWO OF REAR COIL SPRINGS BROKE. *AK - BROKEN SPRINGS WERE VERY SHARP - DANGEROUS - COULD OF PUNCTURED TIRES.

FRONT - PASSENGER SIDE COIL SPRING BROKEN TOOK CAR BACK TO ED LEW TO HAVE REPAIRED ON 5/1/00 - MECHANIC NOTICED COIL SPRING BROKE.

CAR WAS ON LIFT - MECHANIC NOTICED 2 REAR COIL SPRINGS BROKE

2 COIL SPRINGS + REAR STRUTS REPLACED ON 1/2/01 - 66,362 MI LBS NOT UNDER WARRANTY

CONTINUE ON BACK IF NEEDED

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RECEIVED

MAR 16 10:09

OFFICE
OF FORD'S INVESTIGATION

March 6, 2001



Ford Customer Service Division
Ford Motor Company
P. O. Box 6248
16800 Executive Plaza Drive
Dearborn, MI 48121

**RE: 1995 FORD CONTOUR SE
VIN # 1FALP67L4SK244422**

- 1 - Front passenger side suspension coil spring broke @ 58,431 miles - 5/11/00 (Repaired)**
- 2 - rear suspension coil springs broke @ 66,362 miles - 1/02/01 (Repaired-2 coil springs and struts)**
- 1 - Front passenger side suspension coil spring broke @ 66,792 miles - 3/04/01 (Not repaired to date)**

Dear Sir/Madam:

I am writing this letter to bring to your attention the problems I have had with my 1995 Ford Contour.

On March 4, 2001, the front passenger side suspension coil spring suddenly broke. I am enclosing a copy of part of the coil spring that broke. Prior to this, I have had another front suspension coil spring and two (2) rear suspension coil springs suddenly break. In each case, very sharp coil spring pieces fell out which could of punctured the tires. This could of lead to a dangerous situation if the tire was punctured and the driver lost control of the vehicle causing serious injury. I want to report that no crashes, injuries or deaths have occurred to date.



I firmly believe that a broken coil spring does present a safety risk to the occupant's of the vehicle and I would like to see a recall on this matter.

My car was no longer under warranty, therefore I had to pick up the cost of labor, springs, and struts. I am enclosing a copy of my repair order invoice dated January 2, 2001 for the cost of \$405.00.

I am requesting that Ford Motor Company investigate my complaint as to why the suspension coil springs are suddenly breaking. I am also requesting that Ford Motor Company reimburse me for any costs associated with the suspension coil springs breaking. I am also asking that Ford Motor Company perform the repair on the suspension coil spring that broke on March 4, 2001 which has not been fixed at this time.

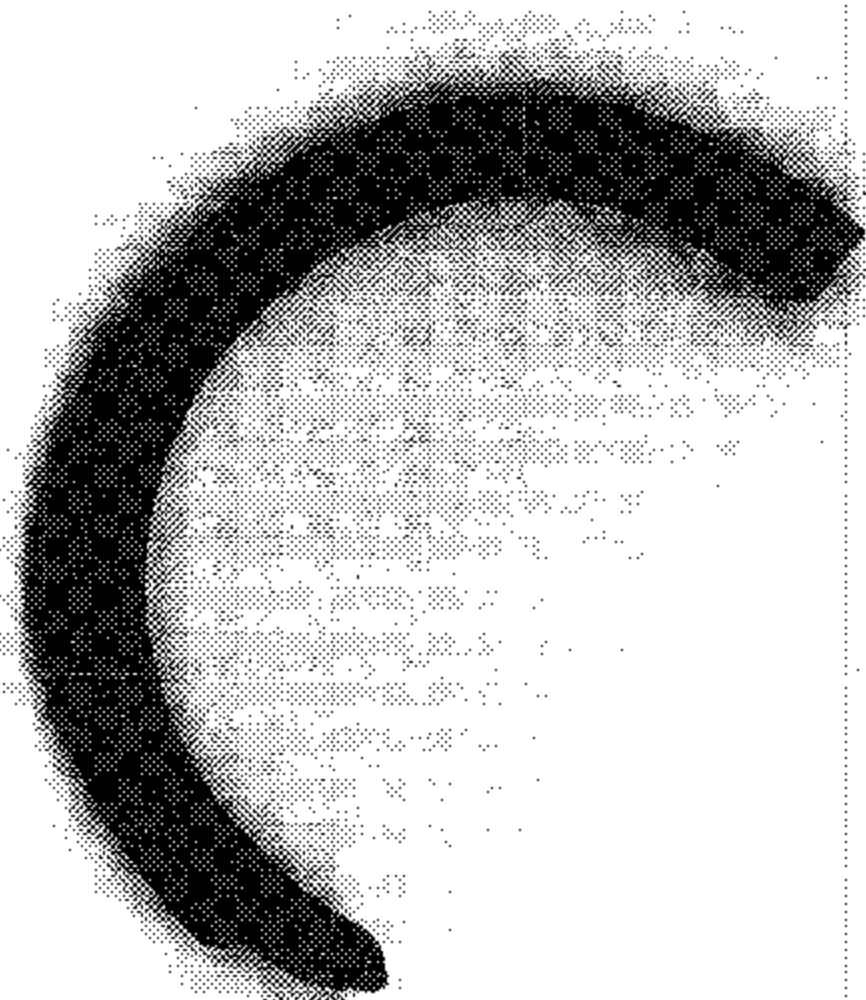
As you may know, when one or more coil springs break, it affects other parts of the car such as struts, spring failures, stabilizer bars, tires, etc. not to mention the potential risk of injury as a result of a punctured tire.

I have been very patient with this problem and I would appreciate your fullest attention in resolving this matter.

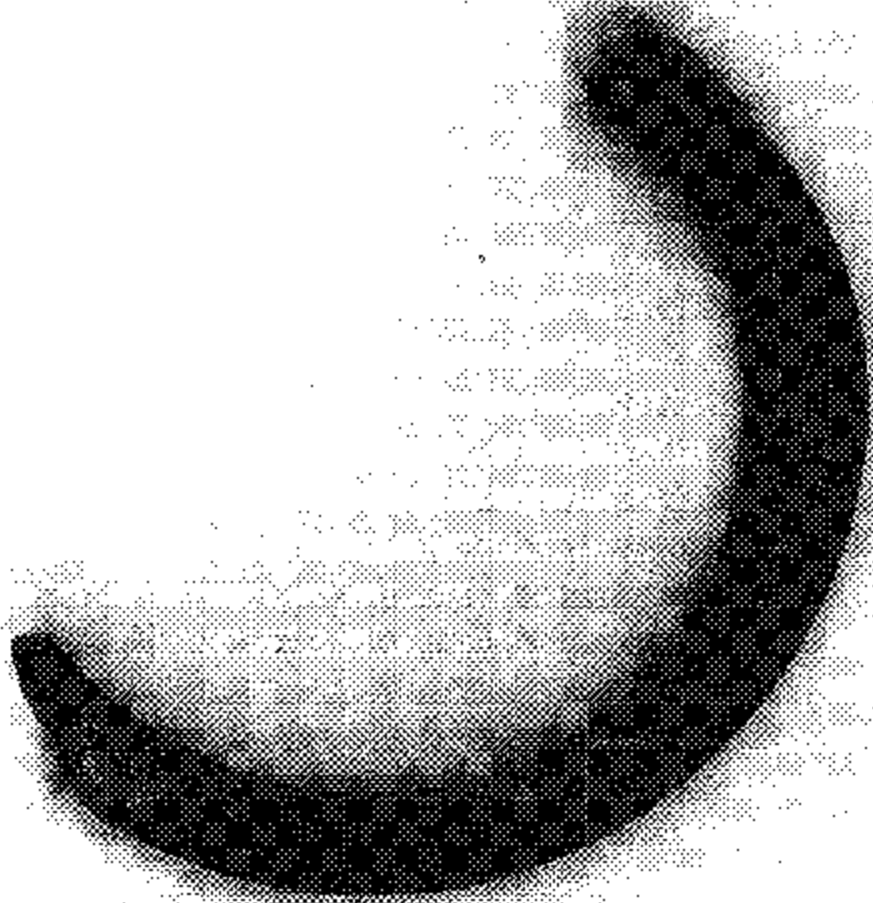
Very truly yours,



cc: US Department of Transportation
National Highway Traffic Safety Administration
400 Seventh Street, S.W.
Washington, D. C. 20590

I



front side



Worm Side