



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

231

Date Received

31-JAN-2001

Od\_or

rt\_dt

pd\_rt

ip\_ltr

Reference No.

879478

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                                                                                                                                                                                                       | Vehicle Model                                                          | Vehicle Year                                                                                        | Current Odometer Reading                                                                                                                                                                                                                                 |
|                                                                                            |                                                                        | FORD                                                                                                                                                                                                               | CONTOUR                                                                | 1996                                                                                                |                                                                                                                                                                                                                                                          |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used     |                                                                        | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                                                                                                                       |                                                                        | Engine Size _____<br>(CID/CC/L) _____<br>No. Cylinders _____                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                             |
| Transmission Type                                                                          | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                   | Cruise Control                                                         | Drive Train                                                                                         | Vehicle Type                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                      | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driveside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                            |                                                                        |                                                                                                                                                                                                                    |                                                                        |                                                                                                     | Body Style                                                                                                                                                                                                                                               |
|                                                                                            |                                                                        |                                                                                                                                                                                                                    |                                                                        |                                                                                                     | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                            |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                               |                                                                                                                                                |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>09202000 | Part Name(s)<br>LIGHTING:LAMP OR SOCKET:HEAD LIGHTS                           | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s) | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                       | NHTSA Previously<br>Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

HEADLIGHT COVER TURNED YELLOW IN COLOR, CAUSING POOR VISIBILITY. PLEASE PROVIDE FURTHER INFORMATION. \*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.

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 231

Date Received

FEB 20 PM 2:

31-JAN-2001

OFFICE  
FEDERAL INVESTIGATION

Od or

Yr dt

od rt

up hr

Reference No.

879478

## OWNER INFORMATION (Type or Print)

671742

Work Number

Home Number

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

In the absence of a signature, provide your name and address to the vehicle manufacturer.

☒ YES☐ NO

Signature of Owner

Date 2/10/01

## VEHICLE INFORMATION

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

3FALC6S30T1M113555

Vehicle Make

FORD

Vehicle Model

CONTOUR

Vehicle Year

1996

Current Odometer Reading

Purchase Date

10/96

Dealer's Name GARY YEOMANS FORD

Engine Size  
(CID/CC/L)

No Cylinders 4

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

City DAYTONA State FL Zip Code

Transmission Type

☒ Manual☐ Automatic

Antilock Brakes

☒ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Belt☒ Passengerside Airbag

Cruise Control

☒ Yes☒ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component

09202008

Part Name(s)

LIGHTING:LAMP OR SOCKET:HEAD LIGHTS

Location

☒ Left☒ Front☒ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) PROGRESSIVE SINCE PURCHASE.

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)  
Available?☐ Yes ☐ NoNHTSA 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

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

HEADLIGHT COVER TURNED YELLOW IN COLOR, CAUSING POOR VISIBILITY. PLEASE PROVIDE FURTHER INFORMATION. \*AK CLEAR PLASTIC HEADLIGHT ENCLOSURE/LENS HAS GRADUALLY DISCOLORED OVER TIME AND HAS BECOME LESS TRANSPARENT CAUSING HEADLIGHTS TO BECOME DIM. I HAVE NOTICED THE SAME THING ON OTHER FORD CONTOURS AS WELL AS OTHER FORD AUTOMOBILES USING THIS TYPE OF HEADLIGHT. MY HEADLIGHTS HAVE BECOME SO DIM THAT WHEN OTHER CARS ARE BEHIND ME AT NIGHT MY CAR CASTS A SHADOW IN THEIR LIGHTS AND MY LIGHTS ARENT BRIGHT ENOUGH TO OVERCOME IT.

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.