



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 920

Date Received

21-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
ip_ltr _____

Reference No.

881024

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 dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FALP6530SK119730	FORD	CONTOUR	1995			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 Util Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> <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 05100000	Part Name(s) ENGINE	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) 01-02-2000 Mileage at Failure(s) 87000 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)

CONSUMER ATTEMPTED TO START VEHICLE, WOULD NOT TURN OVER. RAISED HOOD OF VEHICLE AND TRIED TO RESTART VEHICLE. ON THE SECOND ATTEMPT A FIRE STARTED, AND WAS IMMEDIATELY PUT OUT BY CONSUMER. INSURANCE COMPANY WAS IN POSSESSION OF VEHICLE FOR 2 MONTHS, AND COULD NOT FIND ANYTHING WRONG WITH VEHICLE. CONSUMER CLAIMED THAT A PIECE OF MOTOR THAT WAS INITIALLY BURNED, HAS BEEN REPLACED. PLEASE PROVIDE ANY ADDITIONAL 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 Transportation National 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 920			
		Date Received MAR - 6 PM 3:00 21-FEB-2001 DEFECTS INVESTIGATION		Ord. or rt. dt od. rt up. tr			
OWNER INFORMATION (Type or Print)				Reference No. 881024			
[REDACTED] 675845				Work Number [REDACTED] Home Number [REDACTED]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of [REDACTED] and address to the vehicle manufacturer. Signature of [REDACTED] Date 2/11/01							
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FALP65308K119730		Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1995	Current Odometer Reading 088637		
Purchase Date 10-31-94 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name Lillington Ford		Engine Size (CID/CC/L) No Cylinders	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	City Lillington State NC Zip Code 27546		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 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"/> Van <input type="checkbox"/> Minivan <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 0510000	Part Name(s) ENGINE		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) 01-OCT-2000 11-26-00 Mileage at Failure(s) 87000 Vehicle Speed at Failure(s)			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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured					
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1995 FORD CONTOUR

ON 11-26-00

I TRIED TO START MY CAR AND IT DIDN'T START SO I GOT OUT AND OPENED THE HOOD AND PICTURES AND NOTES ON IT. MR.DEAN LOOKED AROUND SO AFTER THAT I GOT BACK IN THE CAR AND STARTED IT UP AGAIN AND THEN AFTER THAT THERE WAS A POPPING NOISE AND A BLAZE OF FIRE THAT FOLLOWED. SO THEN I GRABBED A RUG THAT WAS ON MY PORCH AND PUT THE BLAZE OUT. SO I LET IT SIT FOR A DAY AND THEN ON 11-28-00 I CALLED MY INSURANCE AGENCY AND TOLD THEM WHAT HAPPENED AND THEY TOLD ME TO CALL TRAVELER'S CLAIM'S. I CALLED THEM AND SO THEY SAID THEY WOULD SEND SOMEONE OUT TO CHECK IT OUT. SO THEY SENT OUT TONY DEAN HE TOOK A LOOK AT THE CAR AND TOOK ASKED ME WHERE DID I WANT MY CAR TO GO SO I TOLD HIM TO SEND IT TO THE DON JENKINS FORD LOT IN FOUQUAY-VARINA SO HE CALLED AND GOT A TOWING SERVICE TO COME GET THE CAR. THEY PICKED UP THE CAR AND TOOK IT.

SO THEN I WAS ISSUED A RENT-A-CAR WHERE I PAYED \$4.00 A DAY AND TRAVLER'S PAYED \$15.00 A DAY FOR 3 WEEKS. I LATER GAVE SOME INFORMATION TO MY INSURANCE COMPANY AND THEN I RECEIVED A LETTER FROM JOHN M. PECHAR ABOUT THE SITUATION BUT NO ONE EVER CALLED ME BACK. I GOT BACK UP WITH MY INSURANCE COMPANY AND THE LADY I TALKED TO (MICHELLE) TOLD ME SHE WAS GOING TO CHECK THE CAR OUT BUT SHE DID NOT GO.

I LATER GAVE DON JENKINS A CALL AND I TALKED TO A GUY NAMED JIMMY. HE TOLD ME HE CHECKED OUT THE CAR AND SAID THAT THE CAR DIDN'T LOOK LIKE THAT IT HAD BEEN BURNED AT ALL. SO ALL HE TOLD ME WAS THAT THE CAR JUST NEEDED A ENGINE AND HE SAID A ENGINE WAS ABOUT \$3500.00 SO I TOLD HIM NOT TO DO ANYTHING TO IT AND I WOULD COME AND GET. HE TOLD ME TRAVELER'S CLAIM'S CALLED AND SAID THEY WERE COMING TO CHECK OUT THE CAR . FOR A FEW DAYS THEY DIDN'T COME BUT ON 1-5-01 HE SAID SOMEONE CAME OUT AND TOOK PICTURES OF THE CAR. BUT THAT WAS THE LAST I HEARD OF THE SITUATION

P.S. FORD IS HAVING A NATIONWIDE RECALL ON 1995 FORD CONTOURS THE REASON OF RECALL IS RISK OF ENGINE FIRE !!!!!!!

THANK YOU!

02-28-01

MAIL TO

