



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

06-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

882170

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>(Location at bottom of and/or above 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/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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 Bel <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 Util <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 05150030 12420000	Part Name(s) ENGINE:VALVES:VALVE TRAIN INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	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 Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	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(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 Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING NOTICED ENGINE INDICATOR LIGHT CAME ON .VEHICLE WAS SERVICED. TECHNICIAN STATED VEHICLE WAS OVERHEATING AND NEEDED VALVE JOB . PLEASE PROVIDE FURTHER INFORMATION.*AK

COPIES OF THIS FORM ARE:

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.

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 231	
	Date Received 06-MAR-2001	Od_or rl_dt od_rt up_tr
OWNER INFORMATION (Type or Print)	Reference No. 882170	
[Redacted]	678380	
Work Number		[Redacted]
Home Number		[Redacted]

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 7/18/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield or driver's side)</small>	Vehicle Make FORD	Vehicle Model CONTOUR	Vehicle Year 1995	Current Odometer Reading 70,000	
Purchase Date	Dealer's Name <u>Ed Morse Mazda</u>		Engine Size (CID/CYL)	<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 <u>Cocoa Creek</u> State <u>fla</u>	Zip Code <u>32922</u>	No Cylinders	<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
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 05150030 12420000	Part Name(s) ENGINE:VALVES:VALVE TRAIN INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	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) 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				
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>				
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)

WHILE TRAVELING NOTICED ENGINE INDICATOR LIGHT CAME ON .VEHICLE WAS SERVICED. TECHNICIAN STATED VEHICLE WAS OVERHEATING AND NEEDED VALVE JOB . PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 11)



MR. & MRS. CLIFFORD STONE
371 S. W. 64TH TERRANCE
MARGATE FL, 33068
Tel. 954-979-2169

April 19, 01

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

To U.S. Department of Transportation, I AM A VERY UNHAPPY AND ANGRY CUSTOMER AT THIS PRESENT TIME DUE TO THE CAR TROUBLE THAT I HAVE EXPERIENCE WITH MY CONTOUR FORD, MY CAR BEGIN TO HAVE ITS PROBLEMS IN JANUARY, 01 WERE I THAN TOOK IT TO THE REPAIR SHOP TO GET FIX, BEFORE I LET THE REPAIR SHOP FIX IT I CALLED GLOBAL INSURANCE COMPANY WERE I STILL AT THE TIME HAD A WARRANTY EXTENSION ON THE CAR, I CALL THE COMPANY TO LET THEM KNOW OF THE PROBLEM TO THE CAR, AND WERE THAN GLOBAL SENT THEIR SUB-CONTRACTORS TO THE CAR TO SEE WHAT THE PROBLEM WAS, WHICH TURNED OUT TO BE WERE THE CAR OVERHEATED AND BLOWN A HEAD GASKET, AND THAN WERE GLOBAL DENIED MY CLAIM TO HAVE THE CAR REPAIRED, THE HAD A COMPLETED VALVE JOB DONE A THERMOSTAT REPLACE, AND WHATEVER ELSE WAS ASSOCIATED WITH THAT COMPLETE JOB MY MILEAGE WAS WITHIN THE WARRANTY POLICY, I PAID 1736.28 FOR THE REPAIRS AND ALONG WITH THAT 350.00 TO RENT A CAR TO GET ME AND MY FAMILY AROUND, AGAIN WHOSE TO SAY THAT IT WAS NOT THE ENGINE COOLING FAN THAT CAUSE THE PROBLEM IN THE BEGIN, DID GLOBAL ADJUSTERS CHECK THE COOLING FAN, WHEN MY CAR OVERHEATED WHY? THE ENGINE COOLING FAN DIDN'T KICK IN TO COOL THE ENGINE, AGAIN ANOTHER PROBLEM OCCUREDD ON MARCH 3, 01 AS I WAS DRIVING MY CAR ASSUMING THAT PLANTATION FORD HAD FIX THE ENGINE COOLING FAN ON 2/28/01 THEY HAD MY CAR IN THEIR POSSESSION ON 2/26-2/28, CAUSE WHAT WHEN MY CAR OVERHEATED COME TO ONLY FIND OUT THAT ENGINE COOLING FAN DOESN'T WORK AT ALL, I'M 6 1/2 MONTHS PREGNANT DRIVING AROUND WITH MY 4 SIBLING IN THE CAR WITH ME STRANDED FOR MORE THAN 2HRS, BECAUSE THE CAR WAS OVERHEATED, IT IS THE ONLY VEHICLE THAT I OWNED, I HAVE NO OTHER MEANS OF TRANSPORTATION TO DRIVE, AND FORD MOTORS DECIDED TO SAY OH GUESS WHAT THERE IS A DEFECT IN THE ENGINE COOLING FAN, BECAUSE OF THIS SITUATION IT HAS CAUSED ME GRIEF WITH GLOBAL INSURANCE CO, PLANTATION FORD CO, AND FORD MOTOR COMPANY I WOULD LIKE TO HAVE AN SUBSTITUTE IN PLACE OF ANOTHER





