



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 758

Date Received

19-MAR-2001

Od_or

rt_dt

pd_rt

rp_lr

Reference No.

883373

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FALP6532WK110095		FORD	CONTOUR	1998	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
		☐ Motorbelt ☐ 2-Point Bel			☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02113000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 17-MAR-2001 63000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS PARKED. IN MIDDLE OF NIGHT CONSUMER HEARD A LOUD NOISE. NEXT MORNING HE STARTED VEHICLE, PUT IT IN GEAR ,BUT VEHICLE DID NOT MOVE FORWARD OR REVERSE. CONSUMER THEN NOTICED THAT WHEEL WELL ON LEFT FRONT WAS LAYING ON TOP TIRE, VEHICLE STILL AT DEALER. COIL SPRING BROKE OR STRUT. PLEASE ADD ADDITIONAL INFORMATION. *AK

CONFIDENTIAL - NHTSA USE ONLY

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 758

Date Received

APR 11 AM 8:18
19-MAR-2001

OFFICE

DEFECTS INVESTIGATION

Ord_or _____
rt_dt _____
od_rl _____
up_ltr _____

Reference No.

883373

OWNER INFORMATION (Type or Print)

580965

Work Number

Home Number

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

☒ YES☐ NO

In the absence of an

address to the vehicle manufacturer.

Signature of Owner

Date 4/4/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
dash, behind the driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

FORD

CONTOUR

1998

63345

Purchase Date

9-98

Dealer's Name

Court Street Ford

Engine Size
(CID/CC/L)☐ Turbo
☐ Diesel
☐ Gas☐ Fuel Injection☐ New ☒ Used

City Bourbonnais State IL

Zip Code 60914

No Cylinders

4 cyl

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☐ 3-Point Belt☐ Motorbelt☒ Yes☒ Front☐ Sport Ult☐ 2-Door☒ Automatic☐ No☐ Driverside Airbag☐ 2-Point Belt☐ No☐ Rear☐ Truck☒ 4-Door☐ Passengerside Airbag☐ 4-Wheel☐ Motorcycle☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

02113000

Part Name(s)

SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S

Location

☒ Left☐ Right☒ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No. of Failures

Date(s) of Failure(s) 17-MAR-2001

Mileage at Failure(s) 63000

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

☐ Yes ☐ No

NHTSA 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

0

Number of Fatalities

0

Estimated Property Damage

Reported to Police

☐ Yes☒ No

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

VEHICLE WAS PARKED. IN MIDDLE OF NIGHT CONSUMER HEARD A LOUD NOISE. NEXT MORNING HE STARTED VEHICLE, PUT IT IN GEAR, BUT VEHICLE DID NOT MOVE FORWARD OR REVERSE. CONSUMER THEN NOTICED THAT WHEEL WELL ON LEFT FRONT WAS LAYING ON TOP TIRE. VEHICLE STILL AT DEALER (COIL SPRING BROKE) OR STRUT. PLEASE ADD ADDITIONAL 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 2)



ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED