



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 197**

Date Received

20-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

883555

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading   |   |   |
| 1FALP6537FK209490  | FORD  | CONTOUR   | 1995  |  |   |   |
| 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 Injectio |  |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic       | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><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>02450000 | Part Name(s)<br>SUSPENSION:SINGLE AXLE:REAR:SPRING:COIL AND ATTACHE   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>0    | Date(s) of Failure(s)<br>19-MAR-2001<br>Mileage at Failure(s) _____ 0 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<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<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|--------------------------|--|

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

THREE COIL SPRINGS HAD BEEN BROKEN. DEALER TOLD CONSUMER THAT ONLY FRONT COIL SPRING WERE COVER BY RECALL, BUT NOT REAR ONES. HAD TO BE REPLACED BY CONSUMER. \*AK

COPIED FROM NHTSA FORM 101

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.

|  |   |  |  |
|--|---|--|--|
| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline | <b>FOR AGENCY USE ONLY</b> 197<br>Date Received<br>20-MAR-2001<br>OFFICE OF DEFECTS PREVENTION | Od_or _____<br>R dt _____<br>Od_r1 _____<br>up_ltr _____ |
|  | <b>OWNER INFORMATION (Type or Print)</b><br>_____<br>681406   | Reference No.<br>883555  |  |

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 \_\_\_\_\_ Date 3/30/2001

| VEHICLE INFORMATION   |              |               |              |                          |
|---|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| _____   | FORD         | CONTOUR       | 1995         | 107,000                  |

|   |   |                        |  |
|---|---|------------------------|--|
| Purchase Date   | Dealer's Name <u>Rowe Ford</u>                    | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <u>Auburn</u> State <u>ME</u> Zip Code _____ | No. Cylinders <u>4</u> |  |

|  |  |  |   |  |   |   |
|--|--|--|---|--|---|---|
| Transmission Type  | Antilock Brakes  | Restraint System   | Cruise Control  | Drive Train  | Vehicle Type  | Body Style  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input checked="" 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                               | Part Name(s)  | Location   | Failed Part(s)   |
| 02460000                                | SUSPENSION: SINGLE AXLE: REAR: SPRING: COIL AND ATTACHMEN                       | <input checked="" type="checkbox"/> Left Front<br><input checked="" type="checkbox"/> Right Rear | <input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures                          | Date(s) of Failure(s)   | Failed Part(s) Available?  | NHTSA Previously Contacted?  |
| 0                                       | 18-MAR-2001<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              | <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  | Fire  | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0                         | 0                    |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

THREE COIL SPRINGS HAD BEEN BROKEN. DEALER TOLD CONSUMER THAT ONLY FRONT COIL SPRING WERE COVER BY RECALL, BUT NOT REAR ONES. HAD TO BE REPLACED BY CONSUMER. \*AK

*We also have a second 1995 Ford Contour with # 1FALP6533SK207607. Two coil springs are broken on that vehicle.*

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.