



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 §20

Date Received

24-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

896705

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) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAPP6534WK282996		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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 11000000	Part Name(s) HEATER:DEFROSTER:DEFOGGER AND VENTILATION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 17-SEP-2001 Failure(s) 22000 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 C	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AFTER RECEIVING RECALL 01V23000 NOTIFICATION FOR HEATER BLOWER RESISTOR. AN ATTEMPT WAS MADE TO HAVE RECALL REPAIRS DONE BY LOCAL DEALER. DEALERSHIP INFORMED CONSUMER THAT UNLESS PROBLEM DESCRIBED IN RECALL WAS OCCURRING, VEHICLE WOULD NOT BE SERVICED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*AK

CONTINUE ON REVERSE

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

Form Approved, D.M.E. No. 2127-0008

FOR AGENCY USE ONLY

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Date Received

15 SEP 2001

25 SEP 2001

25 SEP 2001

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Old or

rt dt

od rt

up dt

Reference No.

696705

Work Num

Home Number

OWNER INFORMATION (Type or Print)

716464

ile Dept

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA will NOT provide your name or address to the manufacturer.

Signature of Owner

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

1FAFP6534WK282996

Vehicle Make

FORD

Vehicle Model

CONTOUR

Vehicle Year

1998

Current Odometer Reading

23,000

Purchase Date

7-28-98

Dealer's Name

Skyline Ford

Engine Size

(CID/CC/L)

No. Cylinders

☐ Turbo

☐ Diesel

☐ Gas

☐ Fuel Injectio

☒ New

☐ Used

City

Salem

State

OR

Zip Code

97308

Transmission Type

☐ Manua

☒ Automatic

Antilock Brakes

☒ Yes

☐ No

Restraint System

☐ 3-Point Belt

☐ Driverside Airbag

☐ Passengerside Airbag

☐ Motorset

☐ 2-Point Bel

Cruise Control

☐ Yes

☒ No

Drive Tra.

☐ Fron.

☐ Rea.

☐ 4-Wheel

Vehicle Type

☒ Car

☐ Van

☐ Minivan

☐ Other

☐ Sport Ult

☐ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☒ 4-Door

☐ Stationwagon

☐ Pick Up

☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

11000000

Part Name(s)

HEATER/DEFROSTER/DEFOGGER AND VENTILATION

Location

☐ Left

☐ Front

☐ Right

☐ Rear

Failed Part(s)

☐ Original

☐ Replacemen

No. of Failures

Date(s) of Failure(s)

17-SEP-2001

Mileage at Failure(s)

22000

Vehicle Speed 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(s) on the back of this form)

Crash

☐ Yes

☒ No

Fire

☐ Yes

☒ No

Number of Persons Injured

0

Number of Fatalities

0

Amount of Property Damage

Reported to Police

☐ Yes

☒ No

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

AFTER RECEIVING RECALL 01V23000 NOTIFICATION FOR HEATER LOWER RESISTOR. AN ATTEMPT WAS MADE TO HAVE RECALL REPAIRS DONE BY LOCAL DEALER. DEALERSHIP INFORMED CONSUMER THAT UNLESS PROBLEM DESCRIBED IN RECALL WAS OCCURRING, VEHICLE WOULD NOT BE SERVICED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS. AK

OVER

CONTINUE ON BACK IF NEEDED

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FORM TO SHOW HEIGHT ADDRESS (NO STAMP NEEDED) PASTEN WITH TAPE OR STAPES AND MAIL TO: DIRECTOR, FBI, WASHINGTON, D.C. 20535												
INFORMATION ON THE FAILURE(S) (IF APPLICABLE)												
TIRE IDENTIFICATION NO. *												
DOT												
MANUFACTURER/TIRE NAME												
SIZE												
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.												
NARRATIVE DESCRIPTION (CONTINUED)												