



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 241

Date Received

16-OCT-2001

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

Reference No.

897789

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FALP65SK213921	FORD	CONTOUR	1995			
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 checked="" 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 08210000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	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) 26-SEP-2001 76000 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**MANUFACTURER'S RECALL 99 M 03/WIRING HARNES UNDER HOOD: VEHICLE WOULD NOT START/RUN. NOTIFIED MANUFACTURER, AND INFORMED OF A RECALL CONCERNING WIRING HARNES. NOTIFIED DEALER; GERRY FORD, LEEBURG; VA, PHONE# 703/777-0000, WHO REFUSED TO HONOR RECALL. SEEKING ASSISTANCE FROM NHTSA IN THIS MATTER. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. \*AK**

COPIED FROM NHTSA FILE # 10

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 241

Date Received

FEB 21 2001  
OCT-2001

Od\_or  
rt\_dt  
od\_rl  
up\_ltr

Reference No.

897789

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

Signature of Owner

Date 10/01/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FALP6536SK213921  
Vehicle Make FORD  
Vehicle Model CONTOUR  
Vehicle Year 1995  
Current Odometer Reading 75585

Purchase Date 9/29/00  
 New  Used

Dealers Name Linsley Chevrolet  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Engine Size (CID/CC/L) \_\_\_\_\_  
No. Cylinders 4  
 Turbo Diesel  
 Gas Fuel Injector

Transmission Type  Manual  Automatic  
Antilock Brakes  Yes  No  
Restraint System  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag  
Cruise Control  Yes  No  
Drive Train  Front  Rear  4-Wheel  
Vehicle Type  Car  Sport Jit  Truck  Minivan  Motorcycle  Other  
Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08310000  
Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD  
Location  Left  Right  Front  Rear  
Failed Part(s)  Original  Replacement  
No of Failures 1  
Date(s) of Failure(s) 26-SEP-2001  
Mileage at Failure(s) 76000  
Vehicle Speed at Failure(s) 60 MPH  
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 0  
Number of Fatalities 0  
Estimated Property Damage \$0000, to \$5000  
Reported to Police  Yes  No

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

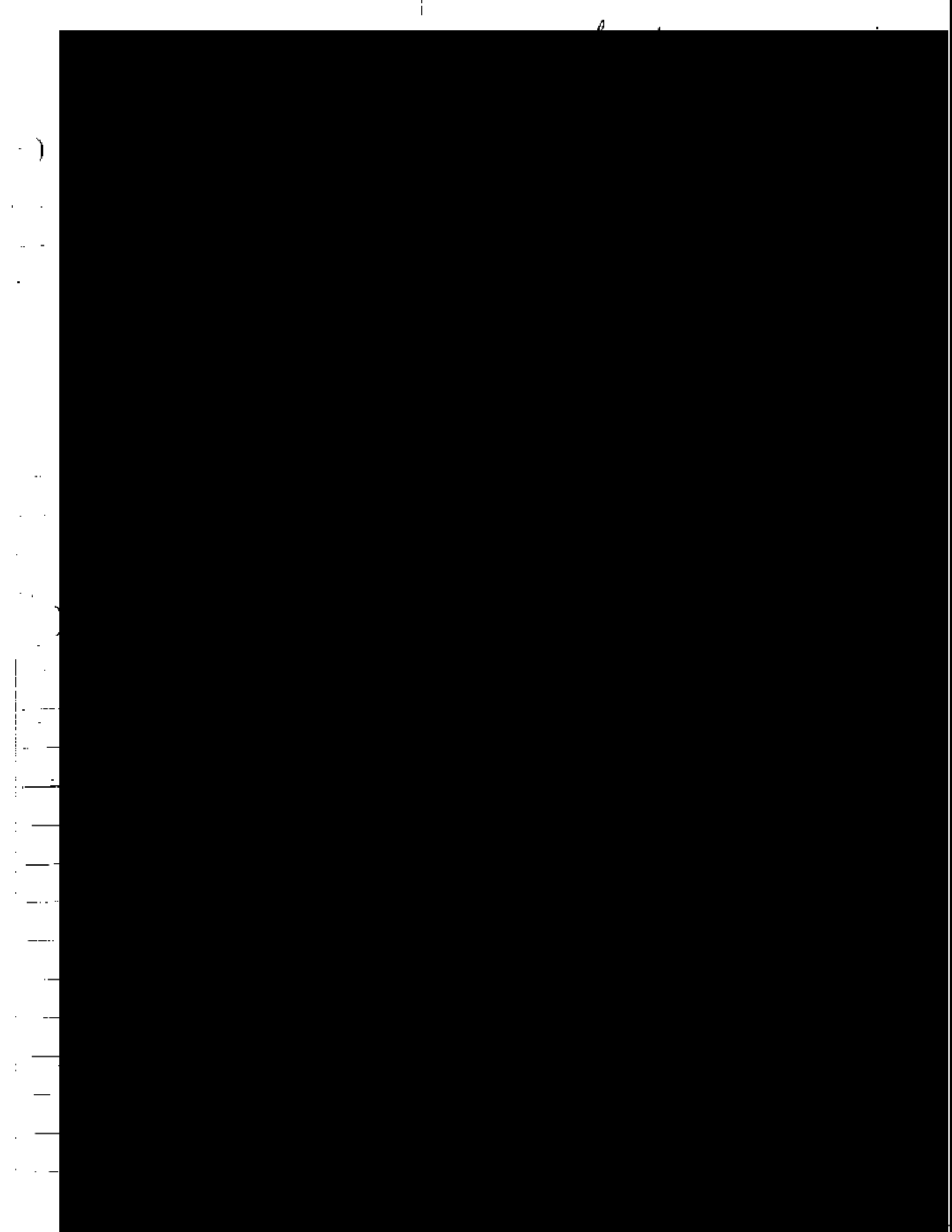
MANUFACTURER'S RECALL 99 M 03/WIRING HARNESS UNDER HOOD; VEHICLE WOULD NOT START/RUN. NOTIFIED MANUFACTURER, AND INFORMED OF A RECALL CONCERNING WIRING HARNESS. NOTIFIED DEALER; GERRY FORD, LEEBURG; VA, PHONE# 703/777-0000, WHO REFUSED TO HONOR RECALL. SEEKING ASSISTANCE FROM NHTSA IN THIS MATTER. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. \*AK

CONTINUE ON BACK IF NEEDED

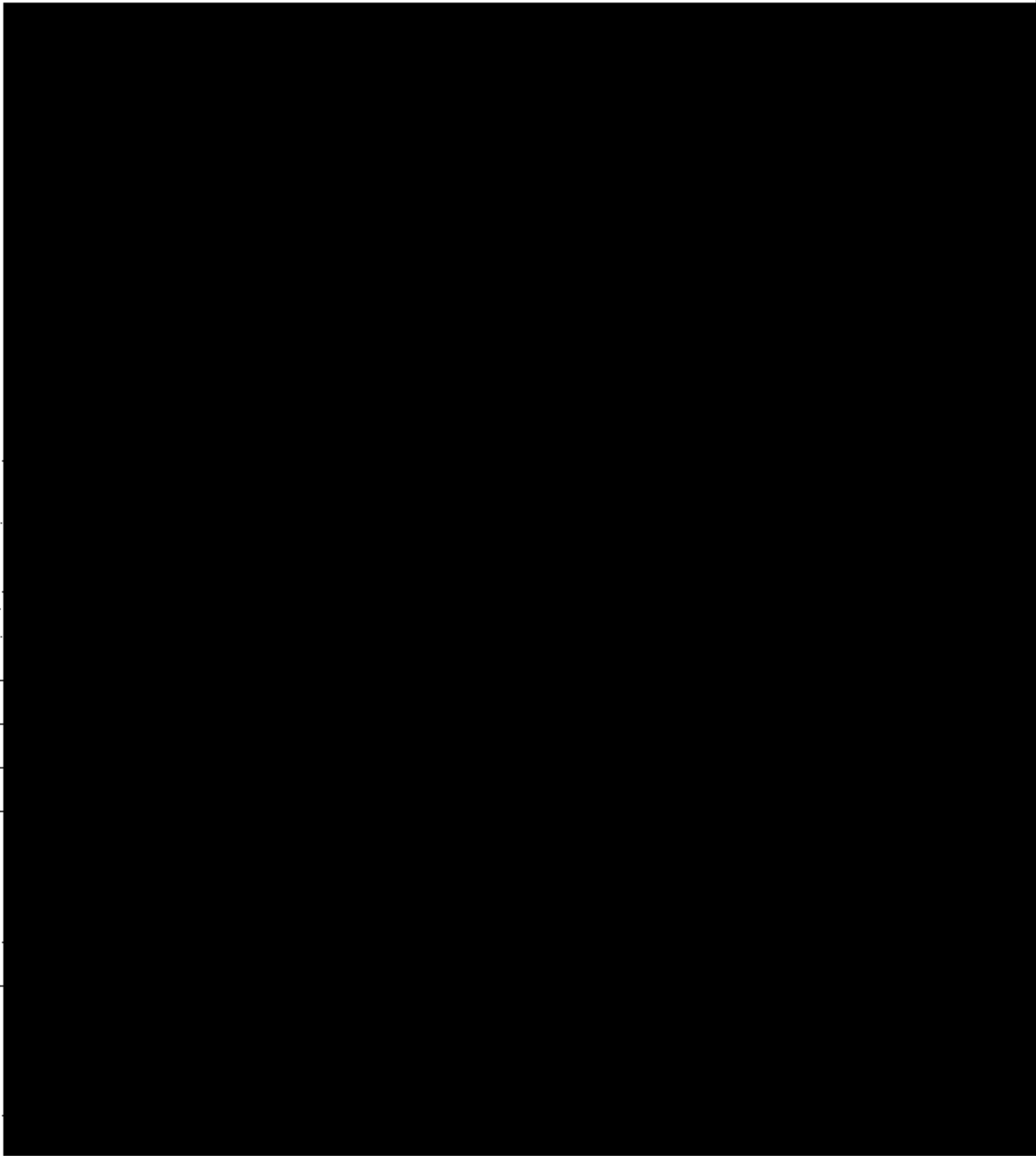


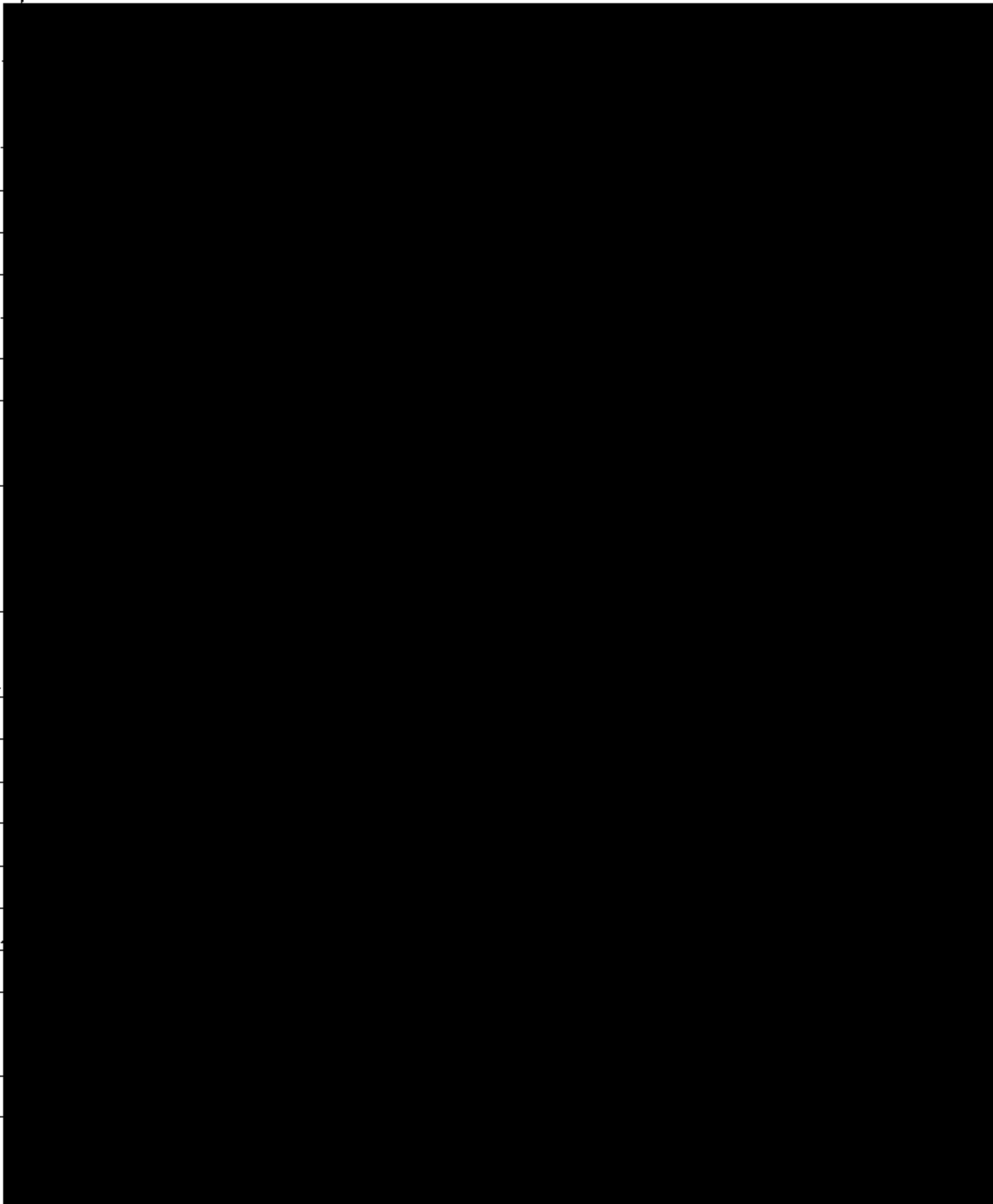
**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. § 552(b)(6)**

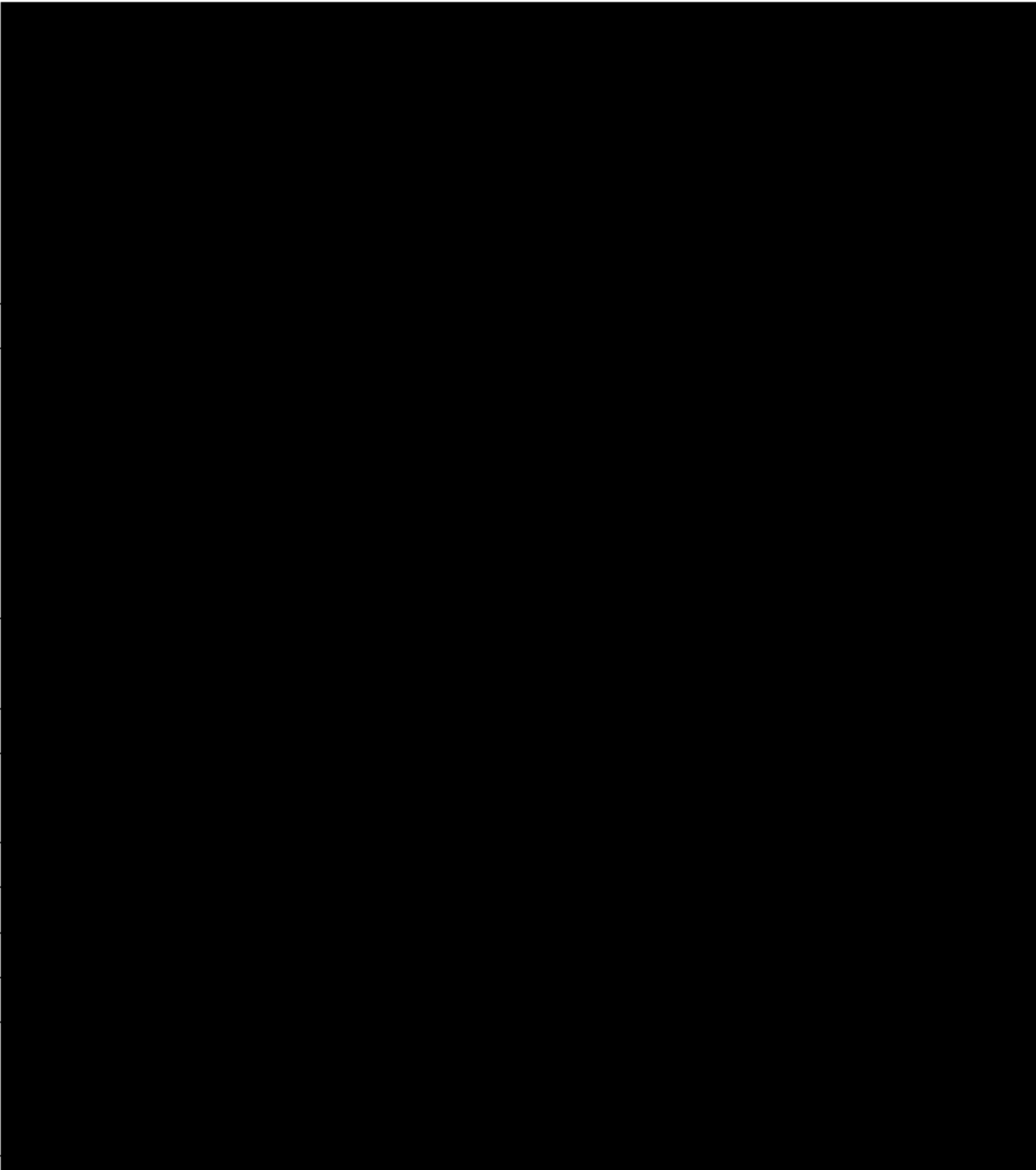
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