



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 336

Date Received

05-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

898761

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
1FAFP6535WK193082		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 02113000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Dates of Failure(s) 05-OCT-2001 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) 0	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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DEALER PUT A SHIELD ON FRONT COIL SPRING. SINCE THEN EVERYTIME CONSUMER HITS A BUMP THERE IS A LOT OF NOISE COMING FROM THAT AREA. SHIELD HAS BEEN REPLACED TWICE, AND NOISE IS STILL PRESENT. PLEASE PROVIDE ANY 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.



U.S. Department
of Transportation
National Highway
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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 335

Date Received

11/17/01

NOV-2001

11/17/01

Old or

rt dt

old rt

old ter

Reference No.

898761

Work Number

Home Number

OWNER INFORMATION (Type or Print)

DUPO

IL

62239

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 and address to the vehicle's manufacturer.

YES

NO

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (License & color if
washed on driver's side)

1FAPP6535WK193682

Vehicle Make

FORD

Vehicle Model

CONTOUR

Vehicle Year

1996

Current Odometer Reading

Purchase Date

Dealer's Name River View Ford - Mercury

Engine Size

CID/CC/L

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☒ New ☐ UsedCity Columbia State IL Zip Code 62236

No. Cylinders

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☐ 3-Point Belt☐ Driverside Airbag☐ Passengerside Airbag☐ Motorbelt☐ 2-Point Belt

Cruise Control

☐ Yes☒ No

Drive Train

☒ Front☐ Rear☐ 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
02113000

Part Name(s)

SUSPENSION INDEPENDENT FRONT ATTACHING MECHANISMS

Location

☐ Left☐ Right☐ Front☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No. of Failures

0

Date(s) of Failure(s) 05-OCT-2001Mileage at Failure(s) 50000Vehicle Speed at Failure(s) 0

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

Reported to Police

☐ Yes☒ No

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

DEALER PUT A SHIELD ON FRONT COIL SPRING. SINCE THEN EVERYTIME CONSUMER HITS A BUMP THERE IS A LOT OF NOISE COMING FROM THAT AREA. SHIELD HAS BEEN REPLACED TWICE, AND NOISE IS STILL PRESENT. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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