



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8388
 DC METRO AREA (202) 366-0123
 INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK ●

FOR AGENCY USE ONLY

Date Received <i>15-JUN-03</i>	Order _____
Reference No. <i>1663846</i>	Order _____
	Order _____
	Order _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

STREET NO. _____		APT. NO. _____		ZIP CODE + 4	AREA CODE
<i>Grass Valley</i>		<i>Ca.</i>			
CITY		STATE			
ENTER ZIP CODE					

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? Yes No

In the _____ WILL NOT provide your name and address to the vehicle manufacturer.

12-18-02
DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield on driver's side	VEHICLE MAKE <i>Ford</i>	VEHICLE MODEL <i>Ranger</i>	MANUFACTURE DATE	MODEL YEAR <i>2003</i>
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
VEHICLE MANUFACTURER				
<input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
<input checked="" type="radio"/> New <input type="radio"/> Used	<i>Future Ford</i>	<i>Roseville</i>	<i>Ca.</i>	<i>95661-3022</i>
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS	RESTRAINT SYSTEM		CRUISE CONTROL	
	<input checked="" type="radio"/> Driver-side Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger-side Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt		<input checked="" type="radio"/> Yes <input type="radio"/> No	
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE
<input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear	<input type="radio"/> Car <input type="radio"/> Minivan <input checked="" type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <i>Seat Belts</i>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRES	COMPLETE TIRE SIZE
	VEHICLE SPEED AT INCIDENT	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
FAILED PART(S)	ORIGINAL PART(S) AVAILABLE	NHTSA PREVIOUSLY CONTACTED	
	<input type="radio"/> Original <input type="radio"/> Replacement	<input type="radio"/> Yes <input type="radio"/> No	
HANDICAPPED ADAPTIVE			
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20		
	FATALITIES	NUMBER OF FATALITIES	<input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Blocks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20		

