



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT AUTO SAFETY PROGRAM

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects

1-888-DASH-2-DOT
(1-888-327-4236) **2003 MAY - 7**
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received
MAY 17 2003

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10016056

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City MISSOULA State MT Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [Redacted] Date 1/1

VEHICLE INFORMATION

Make FORD	Model RANGER	Model Year 2002
Date Purchased 3/2002	Dealer's Name and Telephone Number Bitterroot Ford 251-3333	Engine: No. Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City MISSOULA	Fuel Type: Unleaded
State MT	Zip Code 59702	
Transmission Type Manual 5-speed	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Vehicle Component Code 102000 POWER TRAIN:MANUAL TRANSMISSION
Multiple Failure:		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE SHIFTING AND DECELERATING THE CONSUMER HEARD A CLUNKING NOISE. THE DEALER DENIES ANY PROBLEM WITH THE VEHICLE.
*NLM After purchasing this Ranger with only 10 miles on it it has made a clunking, - clunking sound when starting out or up-shifting or downshifting. I brought to the attention of the service manager & was denied there was a problem. I luckily found a recall order issued by NHTSA for a cracked differential housing. Ford denies this. I have written to Ford about this but have been ignored. I wish a new truck with a Ranger.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to a 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.