



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

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 252

Date Received 2003-05-16 AM 9:10	Repository <input type="checkbox"/>
Reference No. 10019530	

OWNER INFORMATION (Type or Print)

Name	Address	City	State	Zip Code	Daytime Telephone Number	E-mail Address
		WOODVILLE	TX			
					Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 6/19/03

VEHICLE INFORMATION

Make FORD	Model RANGER	Model Year 2001
Date Purchased	Dealer's Name and Telephone Number Piper Crest Ford Mercury	Engine: No. Cylinders
Original Owner <input checked="" type="checkbox"/>	Dealer's City LIVINGSTON, Texas	Fuel Type:
State	Zip Code	
Transmission Type Automatic	<input type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain
Vehicle Component Code D1000 STEERING		Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-MAY-2003	Failure Mileage 26,000	Failure Speed 6	Failure Description steering failure
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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: DOTM4SABC036)	<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), component(s), 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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Write a 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).

THE STEERING WHEEL CONTAINED AN EXCESSIVE AMOUNT OF PLAY. \*3B

Here are two reports that show the steering is bad in this truck and this time make the third time the steering has gone out and caused problems

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

2506083-001

DATE (MM/DD/YY)  
8/08/02

PRODUCER <b>U.S. Auto Insurance</b> 13702 Gamma Road Dallas, Texas 75244 CODE 070181 SUB CODE		PRODUCER PHONE (A/C, no., ext.)	EXTRANEAL INFORMATION (Site & Location Code)		
COMPANY <b>State and County Mutual Fire I</b>		POLICY NUMBER <b>26-27210</b>		CAT. #	
POLICY EFF. DATE (MM/DD/YY) <b>5/15/02</b>	POLICY EXP. DATE (MM/DD/YY) <b>11/15/02</b>	DATE (MM/DD/YY) & TIME OF LOSS <b>05/26/02 1:00</b>		PROPERTY DESTROYED A.M. YES P.M. <input checked="" type="checkbox"/> NO	

INSURED'S RESIDENCE PHONE (A/C, no.)		INSURED'S BUSINESS PHONE (A/C, no., ext.)			
PERSON TO CONTACT		WHERE TO CONTACT PHONE WHEN			
CONTACT'S RESIDENCE PHONE (A/C, no.)		CONTACT'S BUSINESS PHONE (A/C, no., ext.)			

LOCATION OF ACCIDENT (including city & state) <b>COUNTY RD</b>	AUTHORITY CONTACTED & REPORT NO. <b>NONE</b>	VIOLATION/REMARKS
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DESCRIPTION OF ACCIDENT (Use reverse side if necessary)  
**TRAVELING COUNTY RD STRUCK WHEEL LOCKED UP ON VEH AND STRUCK A PERSON CAUSING DAMAGE TO FRONT PASSENGER SIDE**

BODILY INJURY	PROPERTY DAMAGE	SMOKE/LIHT	MED. PAY	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault towing, etc.)
LOSS PAID <b>FORD MORGAN CREDIT</b>			COLLISION DED.	

VEH. NO., YEAR, MAKE, MODEL <b>1 02 FORD RANGER-V6 PICKUP FLARESIDE SUPRCA</b>	V.I.N. (Vehicle Identification) <b>1FT7E1AUL2PA20397</b>	PLATE NO. <b>62HE76 TX</b>
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OWNER'S NAME & ADDRESS	PHONE (A/C, no., ext.)
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DRIVER'S NAME & ADDRESS (Check if same as owner)	RESIDENCE PHONE (A/C, no.)	BUSINESS PHONE (A/C, no., ext.)
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RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE <b>FRONT ENDER SIDE</b>	USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>
DISBURSE DAMAGE	ESTIMATE AMOUNT <b>.00</b>	WHERE CAN VEHICLE BE SEEN? WHEN?	OTHER INSURANCE ON VEHICLE	

DISBURSE PROPERTY (If site, year, make, model, plate no.)	OTHER VEH/PROP. WGT COMPANY OR AGENCY NAME & POLICY NO.
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OWNER'S NAME & ADDRESS	BUSINESS PHONE (A/C, no., ext.)	RESIDENCE PHONE (A/C, no.)
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OTHER DRIVER'S NAME & ADDRESS (Check if same as driver)	BUSINESS PHONE (A/C, no., ext.)	RESIDENCE PHONE (A/C, no.)
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DISBURSE DAMAGE	ESTIMATE AMOUNT <b>.0</b>	WHERE CAN DAMAGE BE SEEN?
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NAME & ADDRESS	PHONE (A/C, No.)	P.D.	REL. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY
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NAME & ADDRESS	PHONE (A/C, No.)	REL. VEH.	OTHER VEH.	OTHER (Specify)
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NAME & ADDRESS	PHONE (A/C, No.)	REL. VEH.	OTHER VEH.	OTHER (Specify)
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REPORTED BY	REPORTED TO <b>MER02</b>	SIGNATURE OF INSURED
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**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**