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

FOR AGENCY USE ONLY - 100083

| Date Received | Repository |
|---|---|
| 27-AUG-2003 | Reference: 10037796 |

2003 OCT 1 P 11: 25

**OWNER INFORMATION (Type or Print)**

| Name | Daytime Telephone Number | E-mail Address |
|---|---|---|
| [redacted] | [redacted] | |
| Address: [redacted] | Evening Telephone Number: [redacted] | |
| City: LAWRENCEVILLE | State: GA | Zip Code: [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 au[redacted]OT provide your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 9/13/03

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side) | Make | Model | Model Year |
|---|---|---|---|
| 1FTCR14X6RPC15032 | FORD | RANGER Super Cab | 1994 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 01-AUG-99 | Gwinnett Place Ford | | | No. Cylinders 6 | Diesel GAS |
| Original Owner ☐ | Dealer's City: Duluth | State: GA | Zip Code: 30096 | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes ☐ Cruise Control | | 221600 SEATS:FRONT ASSEMBLY:DRIVER:ADJUST Mechanism |
| | | | Multiple Failure: 1 |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 01-MAY-2003 | 95000 | | |

**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: DOTHALSABC038) | ☐ Original Equipment ☐ 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, Crash(es) and Injury(ies).)

| Crash | Fire | Number of Persons Injured | Number of Deaths | Reported to Police |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | N |

**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).**

CONSUMER CALLED COMPLAINING ABOUT DRIVER'S SEAT FALLING BACK. SEAT WAS FALLING WITH THE RECLINING MECHANISM. MANUFACTURER AND DEALER WERE CONTACTED, AND STATED THAT THERE WAS NO ASSISTANCE OR WARRANTY THAT COULD COVER THIS PROBLEM.*AK seat bolt has broken & multiple teeth in Reclining mechanism broken. May cause loss of control at speed. May cause severe neck/spine injury if vehicle hit from rear & bolt breaks!

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