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 100147

Date Received: 2003 OCT 24 AM 10:

Repository ☐

Reference No. 10042313

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City IVINS | State UT | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2091 S04 86464 SO FL 26	FORD	RANGER	1998

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
12-23-99	TRIFTY OUT OF BUSINES	6	GAS

Original Owner	Dealer's City	State	Zip Code
2ND ☐	ST GE		

Transmission Type	Powertrain	Vehicle Component Code
MANUEL 5 SP.	☑ Antilock Brakes ☐ Cruise Control	012200 STEERING:COLUMN LOCKING:ANTI-THEFT DEVICE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
08-SEP-2003			RELAY ON ANTI THEFT DEVICE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
NA		

DOT No. (Example: DOTMAL9ABC038)		Failure Location:
	☐ Original Equipment ☐ Prior Repair	

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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	8	2	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).

WHEN TRYING TO START THE VEHICLE ANTI THEFT DEVICE WOULD ACTIVATE, CAUSING THE VEHICLE NOT TO START. DRIVER CONTACTED DEALERSHIP. "AK ROLL STATED TRUCK STICK SHIFT. WE WERE CAMPING ON BLM LAND. WENT TO BRYCE CANYON RUBY'S IN SERVICE STATION PAID $15 TO DISABLE RELAY TO BYPASS NOT ABLE TO START WE WERE STUCK AT A SENIC BUT LIMITED ASSISTED AREA. PLUS WAS NOT ABLE TO LOCK TRUCK WHEN ON HIKES. FORTUNATLY WE HAD BIKES BUT OTHERWISE STRANDED IF NOT FOR SEVICE STA- RUBY'S INN. UT.

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