



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 1001B4

Date Received 37  
01-MAR-2004

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OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City COTTONWOOD State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to contact the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 3/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTZR45E92PA08617  
Make FORD Model RANGER Model Year 2002  
Date Purchased 06-02 Dealer's Name and Telephone Number CORNING FORD 530-24-5434  
Original Owner  Dealer's City CORNING State CA Zip Code [REDACTED] Engine: No: Cylinders 6 Fuel Type: 995  
Transmission Type Auto  Antilock Brakes  Cruise Control Powertrain 4WD  
Vehicle Component Code 151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY  
Multiple Failure: 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 21-JAN-2003 Failure Mileage 5000 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM18A9C036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

WHILE DRIVING AT ANY SPEED SEAT BELTS WILL COME UNDONE. ALSO SEAT BELT RETRACTOR WILL INTERMITTENTLY NOT RETRACT. VEHICLE HAD THIS PROBLEM 20 TIMES SINCE PURCHASE OF VEHICLE. \*AK

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 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.