



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 100192

Date Received

Repository

2004 MAY 11 AM 9:25  
17-MAR-2004

Reference No.  
10063376

OWNER INFORMATION (Type or Print)

Name

Address

City BAKERSFIELD

State CA

Zip Code

Daytime Telephone Number

E-mail Address

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 an answer, we will use the name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 4/11/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FTYR14U93PB84295

Make

FORD

Model

RANGER

Model Year

2004

Date Purchased

Dealer's Name and Telephone Number

Jim Burk Ford (661) 328-3600

Engine:

No. Cylinders

6

Fuel Type:

Gasoline

Original Owner

Dealer's City

Bakersfield

State

CA

Zip Code

93301

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain 2 wheel Drive Pickup.

Vehicle Component Code

031000 SERVICE BRAKES, HYDRAULIC; PEDALS AND LINKAGES

Multiple Failure: 12

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

3

Failure Speed

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: DOTMALSABC036)

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(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).

CONSUMER COMPLAINED ABOUT BRAKE PEDAL AND GAS PEDAL BEING TOO CLOSE. CONSUMER APPLIED THE BRAKE PEDAL, AND TOUCHED THE GAS PEDAL AT THE SAME TIME ON MANY OCCASIONS. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Design Defect: I continually have a problem of getting on both the Break Pedal and the Accelerator at the same time.

Please note the photograph attached showing the placement of Brake pedal and accelerator in relation to steering wheel.

Photo was taken with the camera in the "center" of the drivers seat.



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-216 400 7th Street, SW Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/defects

[REDACTED]  
Bakersfield, CA

E-mail [REDACTED]

April 27, 2004

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation , NVS-216  
400 7<sup>th</sup> Street, SW  
Washington, D.C. 20590

Reference Number: 10063376

Gentlemen:

I regret the delay in getting this signed document to you along with photographs. I felt that it might be better understood, if you could see the placement of the peddles in relation with the seat and Steering Wheel.

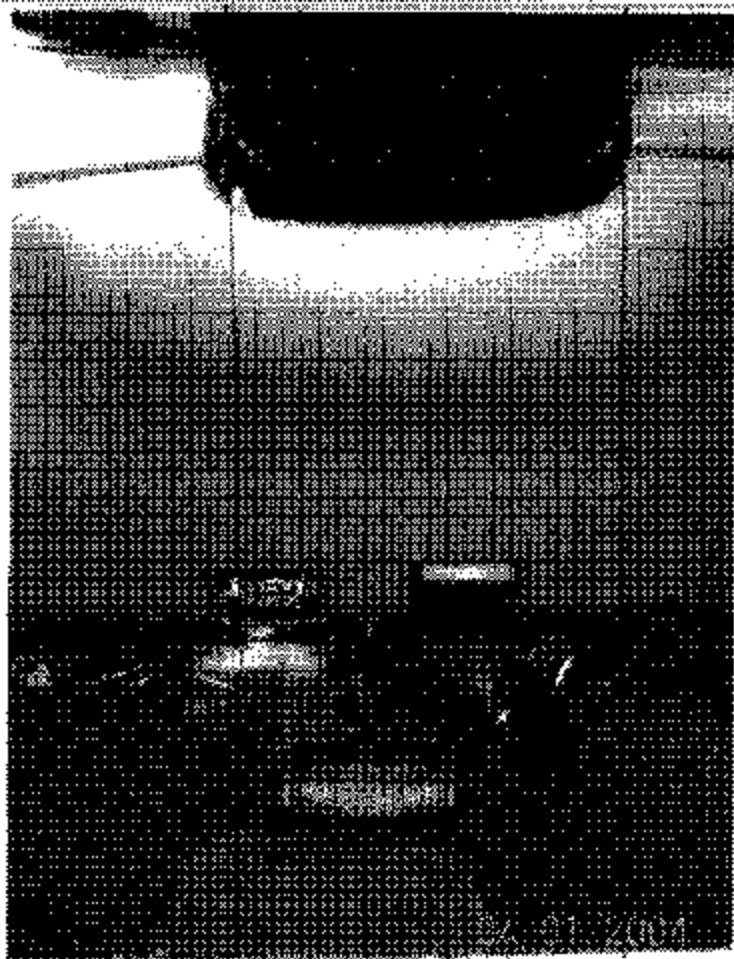
I am a licensed tax preparer thus between March 17, 2004 and April the 15<sup>th</sup> I am very busy, and I did not drive the pickup much during that time frame.

It is my opinion, based on a number of close accident encounters that the accelerator peddle is far to close to brake peddle. In my case I often end up with my foot on BOTH peddles.

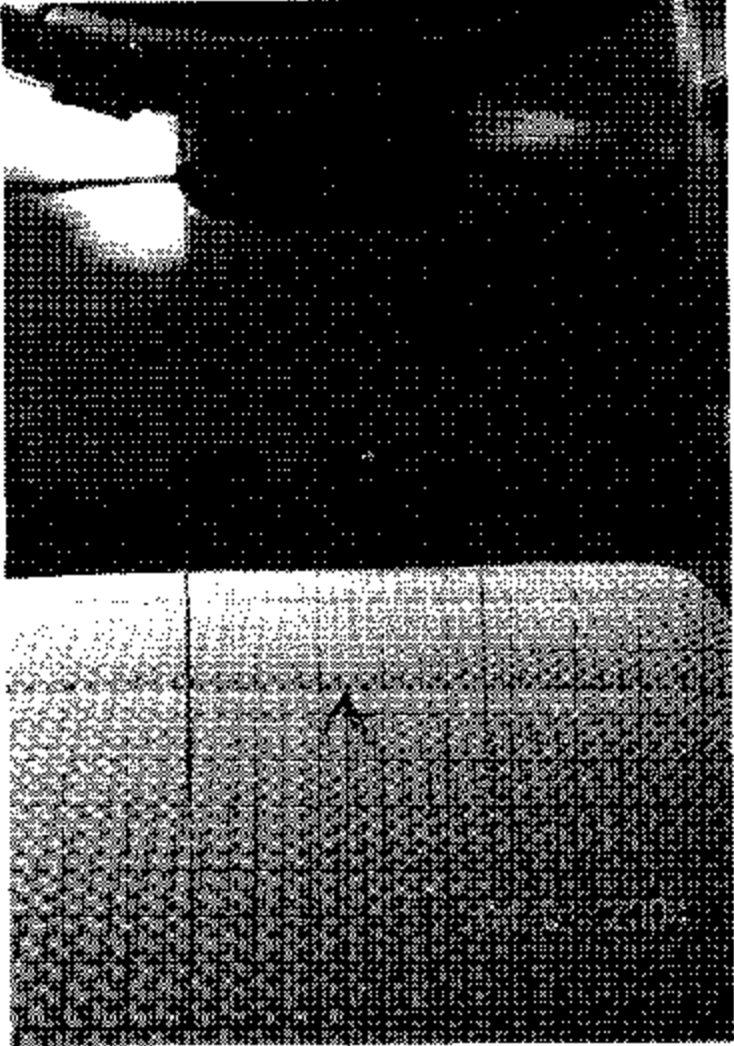
Your investigation and cooperation will be appreciated. I reported my feelings and findings to the Ford Motor Company, but they just disregarded my complaints, saying they had no other complaints.

Respectfully,

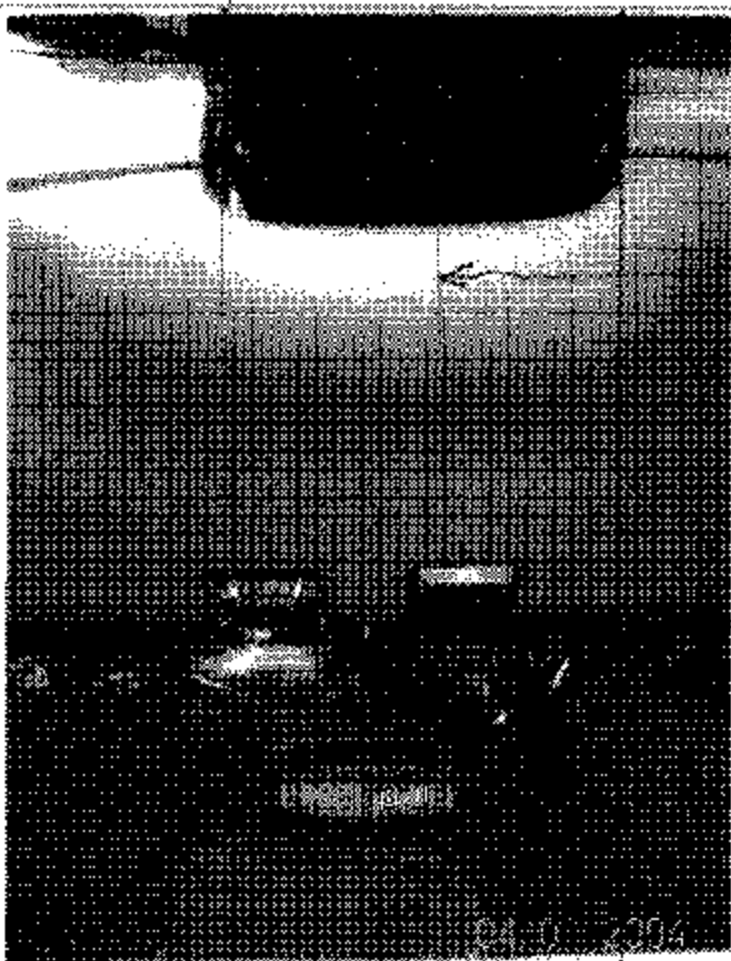
[REDACTED]



Picture Taken  
from Center of Drivers  
Seat.



Center of  
Driver  
Seat



Steering  
Column  
Alignment

Stewart  
West

