



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 100079

Date Received

15-APR-2004

Repository

Reference No: 42  
10067211

OWNER INFORMATION (Type or Print)

Name

Address

City BROOKLYN

State MI

Zip Code 48230

Daytime Telephone Number

Email Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an aut. Signature of Owner  YES  NO  
Date 10/15/04

VEHICLE INFORMATION

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

1FTYR44U33P1

Make

FORD

Model

RANGER

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

021000 SUSPENSION:FRONT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-APR-2004

Failure Mileage

Failure Speed

VEHICLE WAS AT A STOP LIGHT WHEN THIS  
VILANT SHAKING OF THE TRUCK BEGAN

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: DOTM4S9ABC036)

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

Number of Deaths

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).

... THERE WAS VIBRATION IN THE FRONT END OF VEHICLE. ... DEALER INSPECTED VEHICLE,  
BUT COULD NOT DUPLICATE OR CORRECT THE PROBLEM. \*AK

THE TRUCK WAS AT A STOP LIGHT, NOT MOVING, WHEN THE TRUCK WHILE IN  
"DRIVE" WAS PUT ON BRAKE PEDAL, BEGAN TO VILANTLY SHAKE. DRIVER PUT  
SHIFTER INTO "PARK", BUT SHAKING/VIBRATION CONTINUED. ONLY WHEN  
DRIVER TURN OFF THE VEHICLE AND THEN RESTART, DID THIS FRIGHTENING  
AND TERRIFYING EPISODE STOP.

Include, if available: Police/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.