



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

21-APR-2004

Repository

Reference No.
10068550

OWNER INFORMATION (Type or Print)

Name

Address

City

IMPERIAL BEACH

State

CA

Zip Code

Daytime 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 5/1/04

VEHICLE INFORMATION

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

1FTYR14V53A

Make

FORD

Model

RANGER

Model Year

2003

Date Purchased

2-15-2003

Dealer's Name and Telephone Number

PERRY FORD (409) 477-2711

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

PERRY FORD National City

State

CA

Zip Code

91950

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-APR-2004

Failure Mileage

15,240

Failure Speed

35mph

Air bag indicator light

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

N/A

Tire Model (Name or Number)

N/A

Tire Size (Example P215/65R15)

N/A

DOT No. (Example: DOTM123ABC036)

N/A

Original Equipment

Prior Repair

N/A

Failure Location:

N/A

Tire Component Code

N/A

Tire Failure Type

N/A

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

N/A

Date Manufactured:

N/A

Model No./Name:

N/A

Seat Type:

N/A

Installation System:

N/A

Child Seat Component Code:

N/A

Failed Part:

N/A

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

None

Number of Deaths

None

Reported to Police

Y

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):

THE AIR BAG LIGHT CONTINUOUSLY ILLUMINATED ON THE DASHBOARD. AS A RESULT, AIR BAGS WERE INOPERATIVE, AND WOULDNT DEPLOY WHEN NEEDED. DEALERSHIP INSPECTED AND FIXED THE AIR BAGS THREE TIMES. HOWEVER, THE PROBLEM RECURRENT. *AK

DEALER INSPECTED & fixed Air bag three times on 4 April 29 2004

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.