



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

2004 JUL 14 13:00 PM 5

FOR AGENCY USE ONLY 100192

Date Received	Repository <input type="checkbox"/>
Reference No.	10073621

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MYRTLE CREEK State: OR Zip Code: [REDACTED]

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

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: 7/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTYR15EX4 [REDACTED]	Make FORD	Model RANGER	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City ROSEBURG	State OR	Zip Code
Transmission Type STD	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain 4WD	Fuel Type: GAS
Vehicle Component Code 011000 STEERING:WHEEL AND HANDLE BAR		Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage 50	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make NR	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM49ABC03B)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: NR	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(es).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured NR	Number of Deaths NR	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
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 INSISTS THAT STEERING WHEEL IS MOUNTED TOO LOW. DRIVER HITS STEERING WHEEL WITH HIS THIGH WHEN CHANGING FROM THE BRAKE PEDAL TO THE ACCELERATOR PEDAL. *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.

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

UNABLE TO HAVE LEG ROOM TO APPLY BRAKE - DEALER WOULD NOT HELP IN SOLUTION -
UPON TRYING TO SOLVE PROBLEM MY SELF - IN DISMANTLING SEAT DISCOVERED
BOLT IN SEAT TRACK NOT ALLOWING SEAT TO EXTEND FULLY TO REAR
POSITION - BOLT WAS FINE THREAD - 2 1/2" LONG - WEGED IN TRACK - ONE SIDE
WORN FLAT @ THREAD - REMOVED BOLT - WORKED FINE.

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



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OWNER'S
QUESTIONNAIRE**

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

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DOT Auto Safety Hotline
(DASH) & DOT



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