



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owners 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 100216

Date Received	Repository <input type="checkbox"/>
18-MAY-2004	Reference No. 28 10073820

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: CANYON COUNTRY State: CA Zip Code: [Redacted]

Country 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: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTZRC4SSP [Redacted]	Make FORD	Model RANGER	Model Year 2004
Date Purchased 11/14/04	Dealer's Name and Telephone Number POWER FORD Model-255-6600		Engine: No: Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City Daly City	State CA	Zip Code 94350
Transmission Type <input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 190000 TIRES	
Multiple Failure: 2 (in 4 months)			

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)	Failure Mileage 400	Failure Speed 55
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make GOODYEAR	Tire Model (Name or Number) LT24575R16	Tire Size (Example P215/65R15) RT-SP24575R16-109F
DOT No. (Example: DOTM19ABC036) 099R070	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: DRIVER SIDE FRONT
Tire Component Code 190000 TIRES	Tire Failure Type: BLOWOUT	

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 (ie, parts repaired or replaced (and if old part is available)).

WHILE DRIVING 55 MPH, THE DRIVER HEARD A KNOCKING NOISE. THE DRIVER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE AND PULLED OVER. THE DRIVER NOTICED THAT THE FRONT DRIVER SIDE AND THE REAR PASSENGER SIDE TIRE BLEW OUT. THE MECHANIC INFORMED THE DRIVER THAT BOTH TIRES NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER DETAILS. "JB"

**BAD TIRES**

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)

I. Belmont in New York County  
They tried to tell me I must have  
paid over something not true!!!

They replaced first one free, 2nd one  
They charged me for not paid the  
taxes all bad.



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**

**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**

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(DASH) & DOT



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