



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: 2004 NOV -3
30-SEP-2004
Repository:
Reference No.: 10094683

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: SAVERY State: WY Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of a signature or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: / /

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTZR15E94P [REDACTED]
Make: FORD Model: RANGER Model Year: 2004

Date Purchased: 13 FEB 04 Dealer's Name and Telephone Number: STEAM BOAT MOTORS 970-829-8888
Engine: No. Cylinders: 6 Fuel Type: Gas

Original Owner: Dealer's City: STEAM BOAT SPRINGS State: CO Zip Code: [REDACTED]

Transmission Type: MANUAL Antilock Brakes: Cruise Control: Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-AUG-2004 Failure Mileage: 100 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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).

VEHICLE EXPERIENCED AN ACCELERATION PROBLEM. WHEN DRIVING DOWN THE ROAD THE ACCELERATOR WILL REMAIN OPEN EVEN AFTER CONSUMER TOOK FOOT OFF THE ACCELERATOR PEDAL, AND THE RPMS WILL HOLD AT 3,000 RPMS. CONSUMER CONTACTED THE DEALER, AND WAS TOLD THAT THIS WAS DESIGNED TO REDUCE FUEL EMISSIONS. THIS DEFECT OCCURRED INTERMITTENTLY. *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.