



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  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100146

Date Received

2005 JAN -5  
18-NOV-2004

Repository

Reference No.  
10101272

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: DOVER State: DE Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: / /

VEHICLE INFORMATION

17 Digit Vehicle Identification Number: [REDACTED] Make: FORD Model: RANGER Model Year: 2003  
Date Purchased: 15 Oct 03 Dealer's Name and Telephone Number: WINNER DOVER Autocenter Engine: No. Cylinders: 6 3.0L Fuel Type: Gas  
Original Owner:  Dealer's City: DOVER State: Del Zip Code: 19901  
Transmission Type: AUTOMATIC  Antilock Brakes Powertrain: Vehicle Component Code: 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL  
5-SPD  Cruise Control Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 31-OCT-2004 Failure Mileage: 13000 Failure Speed: STOPPED

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P216/65R15): \_\_\_\_\_  
DOT No. (Example: DOTMALSABC038)  Original Equipment  Failure Location: \_\_\_\_\_  
 Prior Repair  
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: 0 Number of Deaths: 0 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).

CONSUMER STATED THE PEDALS ARE SO CLOSE TOGETHER THAT SOMETIMES WHEN DRIVING HE HITS BOTH PEDALS AT ONE TIME. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-502 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.

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