



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 1220

Date Received

26-NOV-2004

Repository

26

Reference No.

10101882

**OWNER INFORMATION (Type or Print)**

Name

Address

City

DICKINSON CENTER

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

3 AM - 0

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 12/7/04

**VEHICLE INFORMATION**

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

1FTZR45E44T

Make

FORD

Model

RANGER

Model Year

2004

Date Purchased

6-04

Dealer's Name and Telephone Number

Bailey Ford 518-483-5500

Engine:

No. Cylinders

6

Fuel Type:

gas

Original Owner

Dealer's City

Malone

State

N.Y.

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 1

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

Incident Date(s)

08-NOV-2004

Failure Mileage

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM48ABC038)

Original Equipment

Prior Repair

Failure Location:

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).

WHILE DRIVING IT FELT AS IF THE GEARS WERE GOING TO JUMP. CONSUMER WENT OUT TO START THE VEHICLE, AND WENT BACK INTO THE HOUSE, AND GEARS JUMPED FROM PARK INTO REVERSE, CAUSING A COLLISION. CONSUMER TOOK VEHICLE TO DEALER SEVERAL TIMES FOR THIS PROBLEM, AND WAS TOLD THERE WAS NOTHING WRONG WITH THE VEHICLE. \*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)

when you took off cold, the vehicle would jump back and forth, as if it wanted to shift back and forth, had it to the dealer different times for this, & they had other Ransens done the same, but said it couldn't find what it is, then on Sat. the 13th, it was cold out and I went out about 8:30 to start my truck, it was all frosted up, I open the door, reach in started it and turn the Defroster on, shut the door, went into the house, came out about 5 minutes later and the truck was across the road, against a retaining wall, still running, it had slip out of gear, my neighbor saw the whole thing, he said when I left the truck, he said about a minute or two the truck took off across the road. I am afraid to drive the truck, because I don't know when it's going to happen again and kill somebody.

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-218  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

**TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR**

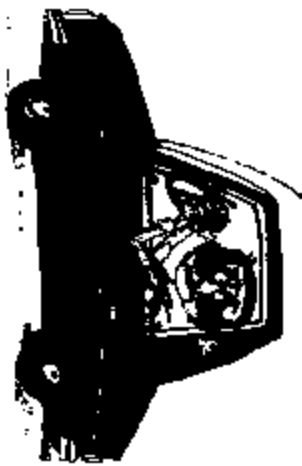
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

I still am driving my vehicle, but I am  
scared of it, that if I go somewhere, like  
a shopping ctr., that while waiting for my  
wife, that it may jump into gear again  
and hit somebody and hurt them or kill them.  
I don't believe a person should be  
afraid to drive there vehicle, when  
you pay that much for one, it should  
be safe to drive and not be scared  
to drive it. Why don't the companies  
just admit there is a problem and fix it  
instead of waiting 3 or 4 years and have  
a recall on them. What is wrong  
with our system. All they have to  
do is put a new transmission in it or  
computer, one of them had to malfunction  
no, they will wait until someone or many  
die or get hurt first

Thank You

FOLD → ← HERE

New York State Department of Motor Vehicles  
REPORT OF MOTOR VEHICLE ACCIDENT  
www.nysdmv.com

Use only for accidents that happen in New York State

DO NOT FORGET ACCIDENT DATE Page of  BUSY - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT

Accident Date: Month 11, Day 13, Year 04 Sat. 8:45 AM. Number of Vehicles: 1. Number Injured: 0. Number Killed: 0. Did police investigate? Yes. Year, Name of Police Agency or Precinct & Accident Number: Precinct B - Malverne Station.

**DRIVER OF VEHICLE 1** (State of License: NY) Driver License ID Number: [blank] State of License: [blank].  
 Address (Include Number & Street): [blank] Apt. Number: [blank].  
 City or Town: Dickinson CTR, State: NY, Zip Code: [blank].  
 Date of Birth: 30 Mar 45, Sex: M, Number of Persons in Vehicle: 0, Public Property Damaged:

**DRIVER OF VEHICLE 2** (State of License: [blank]) Driver License ID Number: [blank] State of License: [blank].  
 Address (Include Number & Street): [blank] Apt. Number: [blank].  
 City or Town: [blank] State: [blank] Zip Code: [blank].  
 Date of Birth: [blank] Month Day Year, Sex: [blank], Number of Persons in Vehicle: [blank], Public Property Damaged:

**REGISTRANT** (State of Reg: NY) Name: [blank] Vehicle Year & Make: 2004 Ford Pick up, Vehicle Type: [blank], Ins. Code: [blank].  
 Estimated Cost of Repairs - Vehicle 1:  \$1,501-\$2,500. Estimated Cost of Repairs - Vehicle 2:  \$1,001-\$1,500.

**VEHICLE DAMAGE**  
 Describe damage to vehicle 1: Rear Bumper, Right Reculens, Right Rear Fender. ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space. Describe damage to vehicle 2: [blank].

**ACCIDENT LOCATION**  
 Place Where Accident Occurred in New York State: County FRANKLIN, City or Village or Town Dickinson CTR. Road on which accident occurred: Ctr. Rt. 5. How did the accident happen? went out, started my truck, turned right on, went into house, came out 4 or 5 minutes later, the truck slip out of gear, Rollad backward, struck a retaining wall.

**ALL INVOLVED**  
 Names of All Persons Involved: None. Describe injuries: [blank].

**INSURANCE**  
 Name of Insurance Company: Fuller INS Co & Allstate INS Co. Policy Number: 9-03-852318-04/07. Policy Period: 9-13-04 to 3-13-04.

Date: 11-23-04. Print Name of Driver: [blank]. Signature of Driver: [blank].

\* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.  Injury  Death

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# George's Body Shop & Used Cars

Federal Tax ID: 141749696

Registration #: 4170107

839 State Route 122

Conestoga, NY 12928

Phone #: (518) 483-1058

Fax #: (518) 483-2845

E-Mail: gdufrane@twcny.rr.com

Customer No: 28

Report No: 30

Claim #: 4735082705

Assign No:

**FINAL BILL**  
**Estimate**

11/24/2004

**Vehicle Information**

2004 Ford Ranger  
Style: 4d  
Color: Black  
Color Code: UA  
Production Date: / 0  
License: 16058JH State: NY  
VIN: 1FTZR45E44T  
Miles In: 5300  
Miles Out: 0  
Condition: Excellent  
Estimator: George Dufrane Jr.

**Owner:**

Dickinson, NY  
Home Phone:  
Work Phone: (  
Fax #:

**Accident Location**

Phone #1: -  
Phone #2: -

**Insured:**

Home Phone: (518) -  
Work Phone: (518) -  
Fax #: (518) -  
**Insurance Information**  
Adjuster: G Dufrane  
Claim #: 4735082705  
Policy #:  
Deductible: \$200.00  
Claim Rep: Kathie Finch  
Date of Loss: 11/15/2004

**Claimant:**

Home Phone: (518) -  
Work Phone: (518) -  
Fax #: (518) -  
**Appraisal Company**  
Phone #: -  
Fax #: -  
Date of Inspection: 11/15/2004

**Insurance Company**

Allstate  
300 Westage Bus. Ctr. - Suite 410  
Fishkill, NY 12524  
Phone #: (800) 398-8775  
Fax #: (845) 440-4511  
Date Assigned: 11/15/2004

Options: 4 Liter, Fuel Injection, 8 Cylinder

Description of Work	Part Number	Price	Labor	Paint	Other
<b>PICK UP BOX, STYLESIDE - FRONT &amp; SIDE PANELS</b>					
Replace Right Side panel, 8 foot bed w/o wtl opening midg	3L5Z9927840CA	\$548.15	8.0 body	2.9	
+Clearcoat (1.2)				1.2	
Refinish Right Inner panel, 8 foot bed				2.0	
-Non-adjacent (0.2) +Clearcoat (0.4)				0.2	
<b>PICK UP BOX, STYLESIDE - TAIL GATE</b>					
* Repair Tail gate & align			1.0* body	2.0	
-Adjacent (0.4*) +Clearcoat (0.3)				-0.1	
<b>REAR LAMPS - COMBINATION LAMPS</b>					
Replace Right Rear Tail lamp assy	1L5Z13404BA	\$94.58	0.3 body		
<b>REAR BUMPER - BUMPER &amp; COMPONENTS</b>					
Overhaul bumper assy			1.2 body		
Replace Rear Bumper assy, styleside, chrome	YL5Z17808MA	\$356.59	Included		
Replace Rear Step pad, Styleside, chrome bumper	4L5Z17B807BAB	\$74.43	Included		
Replace Right Rear Support arm, outer	F77Z17796AA	\$12.98	Included		
Replace Right Rear Support arm, inner	F37Z17767A	\$12.18	Included		
<b>Other operations</b>					
* R&I Box for panel access			2.5* body*		
* Repair Rear bed panel			2.0* body*	1.0*	
* R&I Bed liner			1.0* body*		
* 4X4 decal-silver		\$19.95 *			
* Panel Bonding kit		\$35.00 *			
* Stone guard		\$10.00 *	1.0* body*		
* Undercoating*		\$7.50 *			
* Clearcoat				1.5*	
* Sand & buff			1.5* body*		
* Hazardous Waste Disposal					\$3.00* tax
* Cover car for paint					\$5.00* tax
<b>Sub Totals</b>		<b>\$1,172.31</b>	<b>18.5</b>	<b>10.7</b>	

# George's Body Shop & Used Cars

Federal Tax ID: 141749896

Registration #: 4170107

939 State Route 122

Constable, NY 12028

Phone #: (518) 483-1058

Fax #: (518) 483-2848

E-Mail: [gdufrane@twcny.rr.com](mailto:gdufrane@twcny.rr.com)

Customer No: 28

Report No: 30

Claim #: 4735082705

Assign No:

## Estimate

11/24/2004

\*\*IN BUSINESS SINCE 77

\*\*\*IF ANYONE BRAGS ABOUT US, WE'D LIKE IT TO BE YOU.

THANK YOU FOR LETTING US SERVE YOU

	Hours	Rate	Total
Body Labor	19.5hrs	\$38.00/hr	\$741.00
Paint Labor	8.8hrs	\$38.00/hr	\$334.40
Clearcoat Labor	1.9hrs	\$38.00/hr	\$72.20
OEM Parts			\$1,172.31
Paint Supplies	8.8hrs	\$18.00/hr	\$158.40
Clearcoat	1.9hrs	\$18.00/hr	\$34.20
Misc Taxed			\$8.00
Tax		\$2620.51 @ 5.7500%	\$144.93
<b>Grand Total</b>			<b>\$2,665.44</b>
Deductible (Customer Pays)			\$200.00
<b>Customer Pays</b>			<b>\$200.00</b>
<b>Insurance Pays</b>			<b>\$2,465.44</b>

Estimate based on MOTOR CRASH GUIDE (DF2MD98). 10/04

\* Indicates Estimator's Judgment

† Indicates Taxed Item