



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 100222

Date Received

2004 DEC 21
01-DEC-2004

Repository

Reference No.
10101822

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WOODBURY State: NJ 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 a signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 12/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: IFTZR45E62P [REDACTED]
Make: FORD Model: RANGER Model Year: 2002
Date Purchased: 6/10/02 Dealer's Name and Telephone Number: ACE FORD - WOODBURY NJ
Engine: No. Cylinders: Fuel Type: Gas
Original Owner: Dealer's City: State: NJ Zip Code: 08096
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 141000 AIR BAGS:FRONTAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 21-JUN-2004 Failure Mileage: 4000 Failure Speed: 40 AIR BAG

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: DOTM18ABC036) 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: 1 Number of Deaths: Reported to Police: Y

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 FELL ASLEEP AT THE WHEEL AND STRUCK A TELEPHONE POLE AT 40 MPH. UPON IMPACT, AIR BAGS DID NOT DEPLOY. *AK
SON had A CONCUSSION, Reported To Ford No Response after initial response. Air bag needs to be examined Truck is a total loss - had sent copies of all hospital, towing, storage bills to Transportation Consumer Affairs.

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.