



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
11-JAN-2005

Repository
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City PALM HARBOR State FL Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]

E-mail Address [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle's manufacturer. YES NO
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTYR10D72P [Redacted]
Make: FORD Model: RANGER Model Year: 2002
Date Purchased: _____ Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: REAR WHEEL DRIVE
 Cruise Control Vehicle Component Code: 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-JAN-2004
Failure Mileage: 26502
Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/85R16): _____
DOT No. (Example: DOTMALBABC036) 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: 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 WAS DRIVING TO THE STORE WHICH TOOK ABOUT 3 MINUTES. ON THE RETURN TRIP HOME HE BEGAN SMELLING SMOKE, THEN CONSUMER BEGAN TO SEE THE SMOKE COMING OUT FROM UNDER THE HOOD. CONSUMER OPENED THE HOOD, AND COULD SEE THE ENGINE ENGULFED IN FLAMES. CONSUMER CONTACTED THE FIRE DEPARTMENT. THE FIRE WAS OUT, BUT SMOKE CONTINUED FROM UNDER THE HOOD. THE FIRE MARSHAL SAID THAT IT WAS AN ELECTRICAL FIRE. VEHICLE IS CURRENTLY UNDER WARRANTY. *AK

FORD MOTOR COMPANY DID NOT WANT TO LOOK AT VEHICLE. TOLD ME TO CALL MY INSURANCE. INSURANCE COMPANY DECLARED IT A TOTAL LOSS, AND PAID.

FIRE REPORT AVAILABLE FROM PALM HARBOR FIRE DEPT. (707) 787-5974

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.