



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-3-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100216

Date Received: 2005 JAN 25 11:27:47
Repository:
Reference No.: 10108894

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HULL State: MA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature or address to the vehicle manufacturer. YES NO
Signature of Owner: [Redacted] Date: 1-21-05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 1FTZR45E0 [Redacted]
Make: FORD Model: RANGER Model Year: 2004
Date Purchased: 12-21-05 Dealer's Name and Telephone Number: QUIRK FORD 617-770-0070
Original Owner: Dealer's City: QUINCY State: MA Zip Code: [Redacted] Engine No: Cylinder: 6 Fuel Type: REGULAR
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: [Redacted] Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-JAN-2005 Failure Mileage: 700 Failure Speed: 10 **BRAKES**

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: 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).

WHEN THE CONSUMER ATTEMPTED TO APPLY THE BRAKES, THE VEHICLE FAILED TO STOP COMPLETELY. THE CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE AND PULLED OVER. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION. THE CAUSE HAS NOT BEEN DETERMINED AT THIS TIME. PLEASE PROVIDE FURTHER DETAILS. *JB

YES

~~NOT TAKEN TO THE DEALER~~

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