



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 100148

Date Received **2005 NOV 16 PM 04-OCT-2005** Repository
Reference No. 10138566

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City BRENTWOOD State MO Zip Code [REDACTED]

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 Located at bottom of windshield on driver's side 1FTYR44V13P [REDACTED] Make FORD Model RANGER Model Year 2003

Date Purchased 01-JAN-04 Dealer's Name and Telephone Number SUNSET FORD 314-843-4431 Engine: No: Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City ST. LOUIS State MO Zip Code 63127

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-SEP-2005 Failure Mileage 18300 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) 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: _____

Crash Yes No Fire Yes No Number of Persons Injured _____ 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).

DT: THE CONSUMERS STATED 2003 FORD RANGER CAUGHT ON FIRE ON 9-30-05. THE VEHICLE STARTED SMOKING WHILE IN MOTION. THE VEHICLE WAS PULLED OVER. (THE FIRE WAS VIEWED COMING FROM UNDER THE HOOD. THE FIRE DEPARTMENT WAS CALLED. THE TRUCK WAS DECLARED A TOTAL LOSS. THE CONSUMER FELT THAT THE FIRE DEPARTMENT WAS UNABLE TO DETERMINE THE CAUSE OF THE FIRE. THE CONSUMER EXPERIENCED NO PRIOR PROBLEMS WITH THE VEHICLE. THE DEALER WAS MADE AWARE OF THE PROBLEM. THE CONSUMER CONTACTED HIS INSURANCE COMPANY. THE TRUCK WAS TOWED TO A JUNK YARD IN ILLINOIS. PICTURES WERE TAKEN OF THE ENGINE AND THE VEHICLE ITSELF. THE CONTACT PLANNED TO NOTIFY THE MANUFACTURER ABOUT THE FIRE. *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 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)

Going west on 70 from IL to St Louis vehicle started to mis - a popping noise in engine - started to loose power - had a hard time getting over to side of road - smoke started to come out from under hood - I popped hood + saw fire coming out of engine - called 911 - when state trooper arrived truck was engulfed in flames - when fire truck arrived it was too late to save [redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

ST. LOUIS MO 631

02 NOV 05 PM 05 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

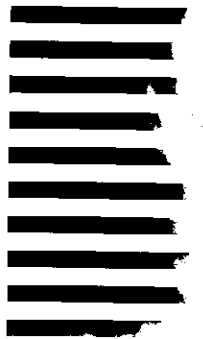
Official Business
Penalty for Private Use \$300

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-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

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

OR

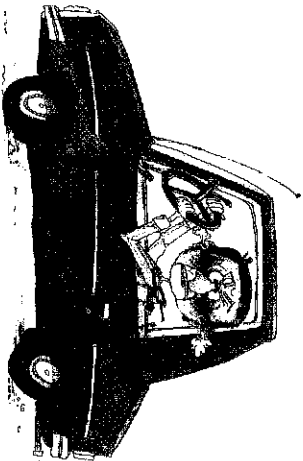
DASH2DOT

and dial toll free at

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1-888-327-4236

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(DASH) 2 DOT



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ILLINOIS STATE POLICE

INCIDENT REPORT

1.* Type of Report 1	ROC# 51428	3. Initial Notification Date 09/30/05 Time 6:43 AP	4. Incident Occurrence Date 09/30/05 Time 6:43 AP	5. Number 11-05-3007
	2.* How Notified 2.			
1. TYPE OF REPORT 1. Incident Report 2. Loss or damage of ISP equipment		2. HOW ISP INITIALLY NOTIFIED 1. On View 3. In Person 5. Other Agency 2. Telephone 4. U.S. Mail 6. C.B. Radio		7. SYMBOL V. Victim DR. Driver C. Complainant O. Other
6. Brief Description VEHICLE FIRE				
a. Location I-55/70 W/B @ IL RT 3		City E. ST LOUIS	County/Township ST CLAIR / STATES	
7.	a. Name - Last, First, Middle	b. DOB 08/24/35	c. Sex M.	d. Driver's License Number
	f. Name Address ST LOUIS MO	g. Telephone		e. State MO

VEHICLE OR BOAT INFORMATION

8.	a. Color WHITE	b. Year 03	c. Mfg. Trade Name FORD	d. Body/Hull Style PICKUP	e. License No. 850ML6	f. Year/State 07/MO	g. VIN/HIN 1FTYR44V131
	i. Address SAME			j. Telephone SAME			

NARRATIVE

ON 09/30/05 AT 6:43AM I WAS SENT TO I-55/70 W/B AT IL RT 3 REFERENCE A CAR FIRE ON ARRIVAL THE FIRE DEPARTMENT WAS ON SCENE. I SPOKE TO THE DRIVER [REDACTED] WHO STATED THE TRUCK BEGAN ACTING UP WHEN HE PULLED OVER. [REDACTED] STATED WHEN HE RAISED THE HOOD THE TRUCK [REDACTED] WAS ON FIRE.

Owner's List of Items Attached
 YES NO

9.	a. Reporting Officer (Print or Type) - Last, First, Middle SCHMIDT M J.	b. I.D. No. 4812	c. Dist. No. 11	d. Quality Check I.D. No. Initials
	e. Signature of Reporting Officer [Signature]	f. Date 09/30/05	g. Copies To FILE	Page 1 of 1

