Form Approved: O.M.B. No. 2127-0006

U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
888-327-4236
www.safercar.gov

[redacted]

OWNER INFORMATION (Type or Print)

Name [redacted]

Street [redacted] Apt. No.

City ANN ARBOR State MI Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of authorization, [redacted] vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle

Signature of Owner [redacted] Date 1/19/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side	Make	Model	Year	Current Mileage
1FTYR10D04T [redacted]	FORD	RANGER	2004	70,000

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
2/28/04	VARSITY FORD 734 994-3660			☐ Diesel ☐ Hybrid
☐ Original Owner	Dealer's City ANN ARBOR	State MI Zip Code 48103	No. Cylinders 4	☒ Gas ☐ Other

Transmission Type		Powertrain	
☐ Manual	☒ Antilock Brakes	☐ All-Wheel Drive	☒ Rear-Wheel Drive
☒ Automatic	☐ Cruise Control	☐ Front-Wheel Drive	☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
TRANSMISSION LINE	05-02-05	5467	0	☐ Driver ☐ Passenger ☒ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)

Failed Structure ☐ Tread ☐ Sidewall ☐ Bead

DOT No. (Example: DOT MALSABC096 on sidewall)

☐ Original Equipment ☐ Prior Repair

Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Tom ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name

Seat Type ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other

Failed Part. Describe Failure Below ☐ Base ☐ Harness/Buckle ☐ LATCH Connector ☐ Shell ☐ Handle ☐ Other

Installed in Vehicle using the: ☐ Vehicle safety belt ☐ LATCH system* *Vehicle info required

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Police Report No.
☐ Yes ☐ No	☐ Yes ☒ No	0	0	10-90-0457

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

per driver report - stopped at service plaza, small amount of steam came from under hood, opened hood + saw small flame near dip stick, put out with snow, melted vacuum hose, no other damage

Continue on back.

Mail postage free or fax to 202-366-7882