



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

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Reference No.  
 10173328

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 Address [REDACTED]  
 City VERO BEACH State FL 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?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
 Signature of Owner [REDACTED] Date 11/26/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTYR44V1CT [REDACTED]  
 Make FORD Model RANGER Model Year 2003  
 Date Purchased 05-MAR-04 Dealer's Name and Telephone Number THRIFTY AUTO Engine: No: Cylinders 6 Fuel Type: Gas  
 Original Owner  Dealer's City FORT PIERCE State FL Zip Code [REDACTED]  
 Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 034520 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 01-JUN-2005 Failure Mileage 60000 Failure Speed 55 mph  
 R/S FRT WHEEL BRAKE DISC. PAD SEPARATED FROM ITS HOLDER.

**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)  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).

DT\*: THE CONTACT STATED WHILE APPLYING THE BRAKE PEDAL, A SOUND OF METAL ON METAL WAS HEARD. THE VEHICLE WAS PULLED OVER AND THE CONTACT NOTICED THE PAD SEPARATED FROM THE CALIPER HOLDER ON THE FRONT PASSENGER SIDE. AN INDEPENDENT REPAIR SHOP REPLACED THE PASSENGER FRONT BRAKE PAD.

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.