



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 **2008 MAR -4 PM 2:13**
08-NOV-2007
Repository
Reference No. 10208393

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **DES MOINES** State **IA** 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 **11/19/07**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **1FTZR45E1[REDACTED]** Make **FORD** Model **RANGER** Model Year **2002**
Date Purchased **01-JAN-06** Dealer's Name and Telephone Number **Bob Brown (515) 289-5900** Engine: **6** Fuel Type: **Gas**
Original Owner Dealer's City **Des Moines, Ia** State **Ia** Zip Code **50317**
Transmission Type **AUTOMATIC** Antilock Brakes Cruise Control Powertrain **4 WHEEL DRIVE** Vehicle Component Code **180000 VEHICLE SPEED CONTROL**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **01-SEP-2007** Failure Mileage **65000** Failure Speed **0**

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).

TL*THE CONTACT OWNS A 2002 FORD RANGER. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 07V33600 (VEHICLE SPEED CONTROL). THE DEALER DISCONNECTED THE DEACTIVATION SWITCH. THE ABS WARNING INDICATOR LIGHT ILLUMINATED INTERMITTENTLY AFTER THE SWITCH WAS DISCONNECTED. THE DEALER STATED THAT THE FAILURE WAS CAUSED BY A FAILED PRESSURE CONTROL SWITCH. THE CONTACT STATED THAT NOT BEING ABLE TO USE THE CRUISE CONTROL WAS AN INCONVENIENCE. THE DEALER STATED THAT THE PART WOULD BE UNAVAILABLE UNTIL AFTER JANUARY OF 2008. THE FAILURE MILEAGE WAS 65,000 AND CURRENT MILEAGE WAS 66,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

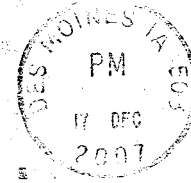
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a 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)

Noble Ford Mercury Inc
2406 N Jefferson St Box 579
Indianola, IA 50125
(515) 961-8151

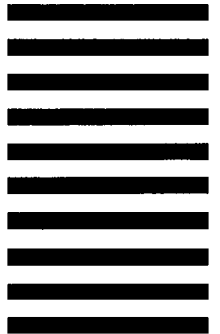
FIXING

ATTACH ADDITIONAL SHEETS IF NECESSARY



ENERGY FOR A POWERFUL AMERICA

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



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-210
400 7th Street, SW
Washington, DC 20590

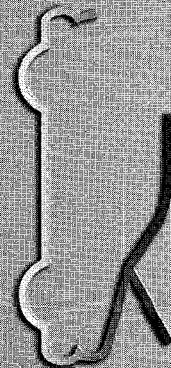
U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use \$300

Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



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