



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	Repository <input type="checkbox"/>
08-JAN-2008 5 AM 7:25	Reference No. 10214199

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City CRAIG State CO 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 a copy of this report to the vehicle manufacturer.

Signature of Owner [REDACTED] Date 1/12/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTZR45E73 [REDACTED]	Make FORD	Model RANGER	Model Year 2003
Date Purchased 01-SEP-03	Dealer's Name and Telephone Number STEAMBOAT MOTORS	Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City STEAMBOAT SPRINGS	State CO	Zip Code [REDACTED]
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 140000 AIR BAGS
Multiple Failure: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-OCT-2007	Failure Mileage 79384	Failure Speed 35	
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths 0	Reported to Police Y
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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 2003 FORD RANGER. WHILE DRIVING 35 MPH, THE GRAVEL ROAD CAUSED THE VEHICLE TO SWERVE TO THE RIGHT AND THEN QUICKLY TO THE LEFT. THE CONTACT DROVE INTO AN EMBANKMENT AND ROLLED OVER NUMEROUS TIMES. THE VEHICLE LANDED ON ITS ROOF. THE AIR BAGS FAILED TO DEPLOY. THE VEHICLE WAS DESTROYED. THE DRIVER SUSTAINED LACERATIONS TO THE SCALP, RIGHT SIDE OF THE FACE, AND BRUISING TO THE LEFT SHOULDER. THE PASSENGER SUSTAINED LACERATIONS TO THE SCALP, A FRACTURE OF THE T-2 VERTEBRAE, A HERNIA TO THE ABDOMEN, AND BLEEDING BETWEEN THE SCALP AND SKULL. THE PASSENGER'S LEFT EYE WAS FILLED WITH BLOOD, RESULTING IN A BLACK EYE. THE POLICE ARRIVED AT THE SCENE AND FILED A REPORT. FORD MOTOR COMPANY STATED THAT THEY WERE PERFORMING AN INQUIRY. THE FAILURE AND CURRENT MILEAGES WERE 79,384.

see BACK Description

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)

While traveling 35 mph on gravel road curve to right began to skid on washboard road surface to right corrected to left loose gravel made vehicle skid off left side embankment over edge down 40 ft nose first hit at bottom rolled onto roof and rolled over sideways twice ending on roof.

Front end impact at bottom of 40 ft drop AIRBAGS DID NOT DEPLOY

EOB VCEICA 72 JUN

ATTACH ADDITIONAL SHEETS IF NECESSARY

SXVW TV

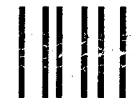
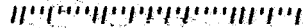


U.S. Department of Transportation

National Highway Traffic Safety Administration

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

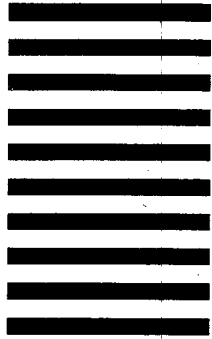
Official Business
Penalty for Private Use \$300



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

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

safercar.gov

Vehicle Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



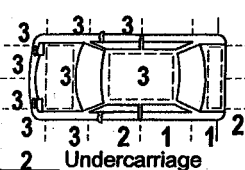
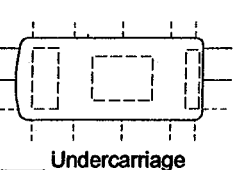
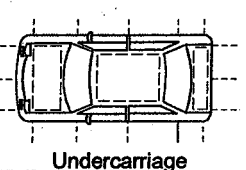
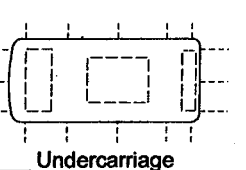
www.nhtsa.gov
people saving people
nhtsa

ZIP CODE

2008 JAN 29 10:10 AM

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

A	CDDOT Code Case # 02	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input checked="" type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER ROAD CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R4E13 MILEPOINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DOR Code 	K 07 K	
B	Date of Accident 10/04/2007	City Agency Colorado State Patrol	County Rio Blanco	County # 49	L 07 L	
B	Time (24 Hr.) 1420	Officer Number 3529	Officer Name Heath, Michael	Signature 	M 14 M	
B	Number Killed 0	Number Injured 2	Location Route, Street, Road County Road 8	Miles 0.6 Feet Direction: N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> OF: <input type="checkbox"/> At Milepost 42	N 30 N	
B	Date of Report 10/04/2007	Agency Code M02	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 1	P 45 P	
B	District Number 4B	Public Property/Employee <input type="checkbox"/> <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing Related <input type="checkbox"/>	Q 01 Q	
B	Const Zone Related <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge Related <input type="checkbox"/>			
B	Traffic Unit # 1 or 1 <input checked="" type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.	Traffic Unit # 2 or <input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.				R 05 R
B	Last Name Street Address City Craig	First MI Personal Phone Bus. Phone Unknown	Last Name Street Address City State CO	First MI Personal Phone Bus. Phone	S 00 T 00 T	
C	Driver License Number CDL State CO	Sex M	DOB 			
C	Primary Violation <input type="checkbox"/> DUI Careless Driving Caused Bodily Injury	Violation Code 42-4-1402(2)	Citation Number 	Common Code 	T 00 T	
C	Year 2003	Make FORD	Model Ranger	Body Type Pick Up		
D	License Plate Number 	State or Country CO	Color WHI/WHI			
D	Vehicle Identification Number 1FTZR45E					
E	Vehicle Owner Last Name <input type="checkbox"/> Same First MI	Vehicle Owner Last Name <input type="checkbox"/> Same First MI				
E	Address <input type="checkbox"/> Same City Craig	State CO	ZIP 			
E	Towed Due to Damage <input type="checkbox"/> By: To:					
F	Trailer VIN# 	Trailer VIN# 	Trailer VIN# 	Trailer VIN# 	R 05 R	
F	Undercarriage 1- Slight 2- Moderate 3- Severe	Undercarriage 1- Slight 2- Moderate 3- Severe	Undercarriage 1- Slight 2- Moderate 3- Severe	Undercarriage 1- Slight 2- Moderate 3- Severe		
G	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof State Farm	Exp. Date 10/10/07	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof	Exp. Date	S 00 T 00 T	
G	Policy Number					
H	Owner Damaged Prop. Last Name First MI	Address City State ZIP				
H	Owner Damaged Prop. Last Name First MI	Address City State ZIP				
J	T.U. # 1	POS. 01	REST. 01	ENDO. 00	S 00 T 00 T	
J	SAFETY EQUIP. B 01	AIR BAG A 01	EJECT B 01	SUSPECTED ALCO/DRUG 00 00 00 02	INJ. SEV. 02	
J	AGE 	SEX 	NAME / ADDRESS Craig, CO			
J	T.U. # 1	POS. 03	REST. 00	ENDO. 00	S 00 T 00 T	
J	SAFETY EQUIP. B 01	AIR BAG A 01	EJECT B 01	SUSPECTED ALCO/DRUG 00 00 00 02	INJ. SEV. 02	
J	AGE 	SEX 	NAME / ADDRESS Craig, CO			


Approved By
 Dunlap, Chad

I.D. #
 1972

Date
 10/13/2007

AA	Case #	DOR CODE	Accident Date 10/04/2007	Agency Colorado State Patrol	HH 00
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AA	Describe Accident	HH
BB	Vehicle #1 was westbound on Rio Blanco County Road 8. Vehicle #1 began to skid westbound before entering a curve to the right. Upon entering the curve, Vehicle #1 began to skid off the right side of the road. Vehicle #1 then skidded back onto the road and off the left side of the road. Vehicle #1 continued to skid westbound down a steep embankment. Vehicle #1 rolled 1 1/2 times and came to rest on its top facing west.	HH
BB		JJ 00
CC		JJ
CC		KK

DD	<p>No Diagram</p> 	KK
DD		LL
EE		LL
EE		MM
FF		MM
FF		NN
GG		NN

GG	T.U. #1	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN
GG	T.U. #	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG		Address	Carrier Identification #			NN