



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 15-JUL-2008	Repository <input type="checkbox"/>
	Reference No. 10234393

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City STEVENSON	State CA	Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 7/30/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTYR10U64	Make FORD	Model RANGER	Model Year 2004
Date Purchased 6-23-08	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION
Multiple Failure:			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-JUN-2008	Failure Mileage 32000	Failure Speed 0
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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 2004 FORD RANGER. WHEN THE CONTACT ATTEMPTED TO PLACE THE VEHICLE INTO GEAR, THE ENGINE REVVED UNCONTROLLABLY. HE HAD TO DEPRESS THE BRAKE PEDAL TO PREVENT THE VEHICLE FROM MOVING. ONCE THE VEHICLE WAS IN GEAR, THE GEAR SHIFT LEVER WOULD NOT RETURN TO THE PARK POSITION. HE HAD TO SHUT OFF THE VEHICLE AND REMOVE THE KEY. THE FAILURE OCCURRED TWICE AND ONCE THE VEHICLE SHUT OFF, IT COULD BE RESTARTED WITHOUT ANY FURTHER FAILURES. THE FAILURE ONLY OCCURRED DURING COLD STARTS. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 32,000 AND CURRENT MILEAGE WAS 32,700.

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.