



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

25-SEP-2008

Repository

Reference No. 10243449

OWNER INFORMATION (Type or Print)

Name

Address

City ROCHESTER

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 29 SEP 2008

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FTYR14U24PI

Make

FORD

Model

RANGER

Model Year

2004

Date Purchased

09/03

Dealer's Name and Telephone Number

M.V. BARNARD (OUTLET BUSINESS)

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

GENEVA

State

NY

Zip Code

6

Transmission Type

Auto

Antilock Brakes

Cruise Control

Powertrain

3.0 L V6

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: NO HORN, NO DRIVER AIR BAG

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
26-JUN-2008

Failure Mileage
60000

Failure Speed
0

HAD A CLOCK SPRING REPLACED IN STEERING 10/08

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)

Original Equipment
 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

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 2004 FORD RANGER. THE CONTACT STATED THAT THE CRUISE CONTROL WORKED INTERMITTENTLY. THE DEALER STATED THAT THE CLOCK SPRING NEEDED TO BE REPLACED. THE CONTACT DID NOT NOTICE ANY DIFFERENCES BEFOREHAND. THE CURRENT AND FAILURE MILEAGES WERE 60,000.

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 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.

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

I noticed my cruise not working June 26 + from there intermittently, I also noticed that when cruise not working I had no horn, when cruise did work I had a horn, upon taking vehicle to dealer the service Rep said that everytime this happened (so it must be plot) that the drivers side air bag also was inoperable!! My point is - How many people check their horn on daily basis?? plus how many drivers actually use cruise?? So you could driving a vehicle that if you were in an accident, no air bag + your lips hit the windshield, As here in NYS you could driving unknowingly an unsafe vehicle until you took it in for yearly inspection + failed because of no horn

ATTACH ADDITIONAL SHEETS IF NECESSARY

Thank You

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

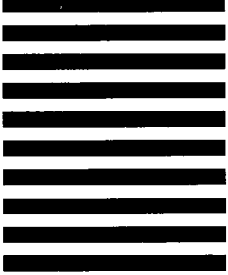


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

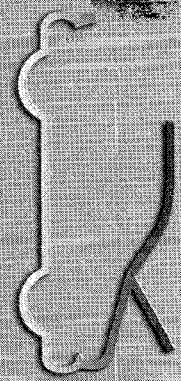
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



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**



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



423775

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INVOICE

4545 Ridge Road West · Rochester, NY 14626

Phone: (585) 352-1200

Fax: (585) 349-4216

ROCHESTER, NY
HOME

PAGE 1

3 BUS:

SERVICE ADVISOR: 5527 STEVEN DELVECCHIO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
GREY	04	FORD RANGER	1FTYR14U24E		69236/69414		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
23SEP08 IS			21:00 23SEP08		89.95	CASH	24SEP08
23SEP08 DD							
R.O. OPENED		READY	OPTIONS: DLR:		ENG:3.0 Liter_EFI		
08:42	23SEP08	11:16	24SEP08				
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

A CUSTOMER STATES THAT HORN AND CRUISE CONTROL INOP
 · MISC ECC SCAN AND PINPOINT TEST TRACE AND REPLACE
 AIR BAG CLOCKSPRING

	1228	CPR				224.88	224.88
PARTS:	1 1L5Z*14A664*AB	COVER AND CONTACT PLATE ASY	65.42	65.42	65.42		
	65.42	LABOR:	224.88	OTHER:	0.00	TOTAL LINE A:	290.30

B 315-481-8542

PHONE CUSTOMERS PHONE NUMBER

	99	I1					(N/C)
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00

SHOP REG# 7091908

PERFORMING SCHEDULED MAINTENANCE IS REQUIRED TO PROTECT YOUR WARRANTIES--FAILURE TO PERFORM SCHEDULED MAINTENANCE CAN AND WILL INVALIDATE ANY WARRANTY COVERAGES DUE TO LACK OF MAINTENANCE

PAID 9-25
DATE

CASH
 CHECK
 CC

INITIALS

DESCRIPTION	TOTALS
LABOR AMOUNT	224.88
PARTS AMOUNT	65.42
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	290.30
LESS INSURANCE	0.00
SALES TAX	23.22
PLEASE PAY THIS AMOUNT	313.52

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER
 The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE