U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

2009 MAR 23 AM 10:28

1-888-DASH-2-DOT (1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received: 25-FEB-2009	Repository ☐
	Reference No.: 10259908

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City: ANTLERS	State: OK	Zip Code: [redacted]	

Do you authorize [redacted] of your vehicle? ☐ YES ☒ NO
In the absence of [redacted] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/12/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTCR14XXTP[redacted]	FORD	RANGER	1996

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Sept. 1996	out of Business (Corbat Hills Ford)		V6	Unleaded
Original Owner ☒	Dealer's City: Kingman	State: AZ / Zip Code: 86401		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
automatic	☒ Antilock Brakes ☒ Cruise Control			23-FEB-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	108000	0

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 1996 FORD RANGER. AFTER THE FUEL TANK WAS FILLED IN THE VEHICLE, THE CONTACT OBSERVED AN EXCESSIVE AMOUNT OF FUEL UNDERNEATH THE CAB OF THE VEHICLE. IN ADDITION, HE SMELLED A STRONG ODOR OF FUEL INSIDE AND OUTSIDE OF THE VEHICLE. THERE WERE NO WARNINGS PRIOR TO THE FAILURES. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR INSPECTION AND THEY STATED THAT THE FAILURE WAS RELATED TO THE FUEL FILLER PIPE. THE VEHICLE HAS NOT BEEN REPAIRED. THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE 108,000.

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.

Tim's Auto Repair

AUTO REPAIR ORDER

NAME [redacted]

ADDRESS

CITY, STATE Antlers

QUAN.	PART NO.	NAME OF PART	PRICE
1	Fuel	Filler Neck	210.08
		TOTAL PARTS	

MECHANICS RECOMMENDATIONS

ESTIMATE AMOUNT • PARTS & LABOR ▶

CUSTOMER'S INFORMATION

DATE	CUSTOMER'S ORDER NO.	WHEN PROMISED	PHONE

YEAR • MAKE • MODEL Ford Ranger

SERIAL NO.

MOTOR NO.

LICENSE NO.

ODOMETER

WRITTEN BY Tim

☐ LUBE ☐ OIL CHANGE ☐ FLUSH TRANS. ☐ FLUSH DIFF. ☐ WASH ☐ POLISH

Found Filler Neck
Busted From Age,
Replace Neck Assm
Labor 2.5

GAS, OIL & GREASE		ACCESSORIES			
GALS. GAS				LABOR ONLY	137.50
QTS. OIL				PARTS	210.08
LBS. GREASE				ACCESSORIES	
TOTAL GAS OIL & GREASE				GAS, OIL, & GREASE	
☐ RETAIN PARTS				MISC. MERCHANDISE	
☐ DESTROY PARTS				SUBLET REPAIRS	
		TOTAL ACCESSORIES		Shipping	12.91
AUTHORIZED BY				TAX	
				TOTAL	360.49

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIAL, AND HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE CAR, TRUCK OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE CAR, TRUCK OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO.

adams GT3870

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

TEARDOWN ESTIMATE - I UNDERSTAND THAT MY CAR WILL BE REASSEMBLED WITHIN _____ DAYS OF THE DATE SHOWN IF I CHOOSE NOT TO AUTHORIZE THE SERVICES RECOMMENDED.

1. I request an estimate in writing before you begin repairs. _____
2. Please proceed with repairs, but call me before continuing if the price will exceed $ _____
3. I do not want an estimate. _____

AUTO REPAIR ORDER