

 <p style="text-align: center;"><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>  <b>To Report Vehicle Safety Defects</b>                  1-888-DASH-2-DOT                  (1-888-327-4236)                  INTERNET: www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 100148</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">Repository <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">27-MAY-2009</td> <td style="text-align: center;">Reference No. 10270097</td> </tr> </table>	Date Received	Repository <input type="checkbox"/>	27-MAY-2009	Reference No. 10270097
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<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
MARSHALLTOWN	IA		

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
1FTYR44V03R		FORD	RANGER	2003
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
4-08	North Town Ford		No: Cylinders	Flex
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	Menomonee	WI		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
auto	<input checked="" type="checkbox"/> Cruise Control			13-MAY-2009

<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>		
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE - <i>also fuel filter</i>	Failure Mileage	Failure Speed
	50000	0

<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>		
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:	

<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>		
Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>		
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reported to Police N
Number of Persons Injured 0	Number of Deaths 0	

**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. THE CONTACT STATED THAT THE VEHICLE WAS SLOW TO FILL WITH FUEL. ONCE THE TANK WAS FILLED, GASOLINE WOULD SPILL BACK OUT. THE VEHICLE WAS TAKEN TO THE DEALER, BUT THEY COULD NOT REPAIR THE FAILURE. THERE WERE NO WARNING LIGHTS ILLUMINATED ON THE INSTRUMENT PANEL. PRIOR TO THE FAILURE, THE CONTACT INSTALLED A NEW FUEL FILTER IN THE VEHICLE IN MARCH OF 2008. THE VIN WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 50,000.  
*have paid \$1100 on two different repair bill & they have not fixed the problem.*