



OCT - 5 2009

U.S. Department
of TransportationNational 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

26-AUG-2009

Repository ☐Reference No.
10281851**OWNER INFORMATION (Type or Print)**

Name

Address

City

ROSEVILLE

State

CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

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

1FTYR14U05F

Make

FORD

Model

RANGER

Model Year

2005

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

12-AUG-2009

☐ Cruise Control**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING

Failure Mileage

84000

Failure Speed

50

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

Number of Deaths

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 2005 FORD RANGER. HE STATED WHILE DRIVING AT 50 MPH HE NOTICED THAT HIS CHECK ENGINE LIGHT ILLUMINATED ON THE INSTRUMENT PANEL. THE VEHICLE WAS TAKEN A DEALER AND INSPECTED WHERE IT WAS DETERMINED THAT NUMBER FOUR CYLINDER WAS FAILING AND IN ORDER TO MAKE THE REPAIR THE VEHICLE WOULD NEED TO HAVE THE VALVE SEATS REPLACED. THE CONTACT WAS IN THE PROCESS OF CONTACTING THE MANUFACTURER. HE FEELS THAT THERE SHOULD BE A RECALL ON THE ALUMINUM HEAD VALVE SEATS BECAUSE THEY LOSE COMPRESSION WITH THE METAL THAT THE MANUFACTURER IS USING FOR THE ALUMINUM HEAD VALVE SEATS. THE FAILURE MILEAGE WAS 84,000 AND THE CURRENT MILEAGE IS 87,000. BL

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.

CUSTOMER #: F13987

705727

FUTURE
FORD OF ROSEVILLE650 Auto Mall Drive
Roseville, California 95661-3022
BAR# AD-086417 EPA# CAD983596925

INVOICE

www.futureford.com
email: service@futureford.com
FOR YOUR CONVENIENCE
SERVICE HOURS - 7:00 A.M. to 6:00 P.M.
CASHIER HOURS - 7:30 A.M. to 6:00 P.M.
MONDAY THRU FRIDAY
SATURDAYS - 8:00 A.M. to 4:00 P.M.
(916) 969-3600

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ROSEVILLE, CA

HOME: [REDACTED] CONT: N/A

BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 2219 JAMES ZERKOVICH

COLOR		YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN / OUT		TAG
DARK SHADO		05	FORD RANGER		1FTYR14U05P		88667/88667		T5886
DEL DATE		PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
19NOV04		DD02AUG04		17:00 12AUG09			CASH	14AUG09	

R.O. OPENED READY OPTIONS: STK:F13987 DLR:72206
ENG:3.0L EFI V6 ENGINE
TRN:5-SPD MAN O/D TRANSMISSION

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CHECK ENGINE LIGHT ON, CHECK AND ADVISE

103 CHECK ENGINE LIGHT/DRIVEABILITY

864 CORD, STEVEN LIC#: 0047

C 1.50

245 VALLERO, RAY V LIC#: 9967

C 12.50

14.00

1257.00 1257.00

2 6U7Z*6049*A CYLINDER HEAD ASY

439.94 399.98 799.96

1 2L5Z*6051*BA GASKET - CYLINDER HEAD

60.64 60.64 60.64

1 2L5Z*6051*AA GASKET - CYLINDER HEAD

60.64 60.64 60.64

16 F8DZ*6065*AA BOLT - CYLINDER HEAD

5.94 5.94 95.04

2 F6DZ*9439*C GASKET - INTAKE MANIFOLD

19.31 19.31 38.62

1 F2DZ*9A425*AA SEAL

12.82 12.82 12.82

1 F3DZ*9A424*BA SEAL

12.82 12.82 12.82

6 SP*413* SPARK PLUG

9.49 9.49 56.94

1 VC*7*B ANTI-FREEZE

17.62 17.62 17.62

3 10081 PARTS WASH

7.50 7.50 22.50

88667 MIL IS ON, P0304 P0316, POWER BALANCE AND RELATIVE
COMPRESSION TESTS CONFIRM LOW COMPRESSION ON CYL # 4, SUSPECT SUNKEN
VALVES. REMOVE BOTH HEADS FOUND SUNKEN EXHAUST SEATS. REPLACE BOTH
HEADS, SPARK PLUGS AND GASKETS. ROAD TESTS OK.

ALL PARTS ARE 'NEW' UNLESS INDICATED IN THE
PART NUMBER SUFFIX BY AN 'X' OR 'RM' THESE
ARE REBUILT. ANY QUESTIONS PLEASE CHECK WITH
YOUR SERVICE ADVISOR.

THANK YOU

AUG 14 2009

DEAR CUSTOMER

Your extended warranty plan paid

\$ [REDACTED] towards this invoice.
AN EXCELLENT INVESTMENT!It's never too late to see if your vehicle qualifies
for an extended warranty. See a Finance Mgr.
TODAY!THANK YOU FOR YOUR BUSINESS.
Future Ford

ORIGINAL ESTIMATE

1165

AUTHORIZED
REVISED ESTIMATE

2435

LABOR CHARGES ARE PER UNIT HOUR BASED UPON
LABOR GUIDES AND OUR EXPERIENCE.

NOTICE TO CONSUMER

PLEASE READ IMPORTANT INFORMATION ON BACK.
I acknowledge notice and oral approval of any additional
customer or warranty work performed and/or increase in
the original estimate price. I also acknowledge and

CUSTOMER SIGNATURE

DESCRIPTION

TOTALS

LABOR AMOUNT 1257.00

PARTS AMOUNT 1177.60

GAS, OIL, LUBE 0.00

SUBLET AMOUNT 0.00

MISC. CHARGES 0.00

TOTAL CHARGES 2434.60

LESS INSURANCE/DISC. 0.00

SALES TAX 97.15

PLEASE PAY
THIS AMOUNT

2531.75