

 INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6) U.S. Department of Transportation National Highway Traffic Safety Administration		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 OCT 18 2011 11-AUG-2011		Repository ☐ Reference No. 10418483	
OWNER INFORMATION (Type or Print)						Daytime Telephone Number	
Name [REDACTED] Address [REDACTED] City PITTSFIELD State MA Zip Code [REDACTED]						E-mail Address [REDACTED] Evening Telephone Number [REDACTED]	
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 1FTYR10CXXT [REDACTED]				Make FORD		Model RANGER	
Model Year 1999				Date Purchased 2002		Dealer's Name and Telephone Number Pete's Motors OUT OF BUSINESS	
Original Owner ☐		Dealer's City ST. BARRINGTON		State MA		Zip Code 01330	
Engine: No. Cylinders 4		Fuel Type: GAS		Transmission Type STICK SHIFT		Antilock Brakes ☐	
Powertrain ☐		Multiple Failure:		Incident Date(s) 12-MAY-2011		Cruise Control ☐	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 161000 STRUCTURE: FRAME AND MEMBERS						Failure Mileage 59329	
Failure Speed 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: 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 1999 FORD RANGER. THE CONTACT INSPECTED UNDERNEATH THE VEHICLE AND DETECTED THAT THE REAR PORTION OF THE FRAME WAS COMPLETELY RUSTED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, WHO STATED THE REAR PASSENGER AND DRIVER SIDE SHACKLES AND BRACKETS WERE FRACTURED AND WOULD NEED TO BE REPLACED. THE VEHICLE WAS REPAIRED. MOST RECENTLY, THE REAR BUMPER PARTIALLY DETACHED FROM THE VEHICLE AND WAS TEMPORARILY SECURED WITH ROPE. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURES. THE APPROXIMATE FAILURE MILEAGE WAS 59,329. THE VIN WAS UNAVAILABLE.							
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.							