 <p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Date Received 27-MAR-2013 APR 29 2013</p>	<p>Repository <input type="checkbox"/></p> <p>Reference No. 10504709</p>
<p>OWNER INFORMATION (Type or Print)</p>			
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>	<p>E-mail Address [REDACTED]</p>
<p>Address [REDACTED]</p>		<p>Evening Telephone Number</p>	
<p>City GREENVALLEY</p>	<p>State AZ</p>	<p>Zip Code [REDACTED]</p>	
<p><i>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).</i></p>			
<p>VEHICLE INFORMATION</p>			
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTYR10404P [REDACTED]</p>		<p>Make FORD</p>	<p>Model RANGER</p>
		<p>Model Year 2004</p>	
<p>Date Purchased 10/04</p>	<p>Dealer's Name and Telephone Number Jim Click Ford (520) 625-8262</p>		<p>Engine: No: Cylinders 6</p>
<p>Original Owner <input checked="" type="checkbox"/></p>	<p>Dealer's City Green Valley</p>	<p>State AZ</p>	<p>Zip Code 85614</p>
<p>Transmission Type Auto. o.d.</p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain Rear Wheel Drive</p>	<p>Multiple Failure: 1</p>
		<p>Incident Date(s) 13-MAR-2013</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Gas Fuel Pump PFS-525</p>		<p>Failure Mileage 13202</p>	<p>Failure Speed Parked</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>			
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>
<p>DOT No. (Example: DOTM19ABC036)</p>	<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>	
<p>Tire Component Code</p>		<p>Tire Failure Type:</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>			
<p>Make:</p>	<p>Date Manufactured:</p>	<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>	
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>	
<p>APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i></p>			
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Deaths 0</p>
		<p>Reported to Police N</p>	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 2004 FORD RANGER. THE CONTACT STATED THAT THE VEHICLE STALLED WITHOUT ANY WARNING IMMEDIATELY AFTER BEING STARTED AND COULD NOT BE RESTARTED. THE VEHICLE WAS TOWED TO A DEALER WHERE THEY ADVISED THE CONTACT THAT THE FUEL PUMP FAILED AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS CONTACTED AND OFFERED NO ASSISTANCE. THE FAILURE AND CURRENT MILEAGES WAS APPROXIMATELY 13,202. THE VIN WAS UNAVAILABLE. *TR</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>			
<p><small>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.</small></p>			

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

Addendum to statement on front page:

1. I would like to bring your attention to the low mileage on the vehicle. - 2. The failure occurred with no Check Engine light until after the incident.

Comment:

1. This failure could easily happen at freeway speeds.

Thank You



ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Vate Green Valley Az.



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 Avenue SE.
Washington, D.C. 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**



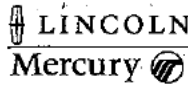
Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



www.jimclick.com



Dealer # 91759



1030 West Duval Road
Green Valley, AZ 85614
(520) 625-8262

Hours: Mon. - Fri. 7:00am to 6pm • Sat. 8am to 5pm
Your Full Service Tire Center



Dealer # AZ031

CUSTOMER NO. 3049907	ADVISOR DOUG SMOCK	TAG NO. 5848 7717	INVOICE DATE 03/13/13	INVOICE NO. FG0S831773
GREEN VALLEY, AZ	LABOR RATE	LICENSE NO.	MILEAGE 13,202	COLOR OXFORD WHIT
	YEAR / MAKE / MODEL 04/FORD TRUCK/RANGER/	DELIVERY DATE 09/04/04	DELIVERY MILES 53	STOCK NO.
	VEHICLE I.D. NO. 1FTYR10U04P	SELLING DEALER NO. NOT USED	PRODUCTION DATE	
F.T.E. NO.	P.O. NO.	R.O. DATE 03/13/13		
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS E# 99U	MO: 13204	

LABOR & PARTS

CUSTOMER STATES VEHICLE CRANKS BUT WONT START
TOWED IN
PERFORM ELECTRONIC ENGINE CONTROL DAIGNOSIS. PERFORM
PINPOINT TEST FOUND INTERMITTEN LOSS OF FUEL PRESSURE.
RECOMMEND REPLACING FUEL PUMP ASSEMBLY. GAIN ACCESS TO FUEL
TANK ASSEMBLY, REMOVE AND REPLACE PUMP. RE-INSTALL TANK
RE-TEST OK ROAD TEST OK

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	FG-1036	FILTER ASY - F	30.00	30.00
JOB # 1	1	PFS-525	KIT	500.00	500.00
JOB # 1 TOTAL PARTS					530.00
JOB # 1 TOTAL LABOR & PARTS					834.50

QUALITY CARE INSPECTION PERFORMED. SEE ATTACHED SHEET
FOR DETAILS.
DONE

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2 TOTAL PARTS					0.00
JOB # 2 TOTAL LABOR & PARTS					0.00

Added Operation (2JOSIEM @ 03/13/2013 16:33)
INSPECTED BATTERY
NO ACTION REQUIRED AT THIS TIME
BATTERY AT OR ABOVE RATED MINIMUM CCA

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 3 TOTAL PARTS					0.00
JOB # 3 TOTAL LABOR & PARTS					0.00

Added Operation (2JOSIEM @ 03/13/2013 16:33)
INSPECTED BRAKES
E
BRAKE MEASUREMENT IS

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 4 TOTAL PARTS					0.00
JOB # 4 TOTAL LABOR & PARTS					0.00

Added Operation (2JOSIEM @ 03/13/2013 16:33)
INSPECTED TIRES
TIRE MEASUREMENTS 7/32"OR BETTER
TIRE MEASUREMENT IS

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW. ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

X

I ACKNOWLEDGE RECEIPT AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

X

THIS COPY MUST BE RETURNED FOR ADJUSTMENT.

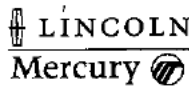
X

AUTHORIZED SIGNATURE & DATE		
PROGRAM CODE(S)	APPROVAL CODE OR NO.	COMMITMENT CODE
REPAIR 1		

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 HAS 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 REPRESENTATIVES OF THE MANUFACTURER.

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

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1030 West Duval Road
Green Valley, AZ 85614
(520) 625-8262

Hours: Mon. - Fri. 7:00am to 6pm • Sat. 8am to 5pm
Your Full Service Tire Center

CUSTOMER NO. 3049907	ADVISOR DOUG SMOCK	TAG NO. 5848 7717	INVOICE DATE 03/13/13	INVOICE NO. FGQS831773
	LABOR RATE	LICENSE NO.	MILEAGE 13,202	COLOR OXFORD WHIT
	YEAR / MAKE / MODEL 04/FORD TRUCK/RANGER/	DELIVERY DATE 09/04/04	DELIVERY MILES 53	
GREEN VALLEY, AZ	VEHICLE I.D. NO. 1 F T Y R 1 0 U 0 4 P	SELLING DEALER NO. NOT USED	PRODUCTION DATE	
	F.T.E. NO.	P.O. NO.	R.O. DATE 03/13/13	

RESIDENCE PHONE	BUSINESS PHONE	COMMENTS E# 99U	MO: 13204
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PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
			JOB # 5 TOTAL PARTS	0.00
			JOB # 5 TOTAL LABOR & PARTS	0.00
MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # A	1SS	SHOP SUPPLIES		16.00
			TOTAL - MISC	16.00

COMMENTS
WAITER

TECHNICIAN CERTIFICATION
5160 RON OLSON 1458

TOTALS

TOTAL LABOR	304.50
TOTAL PARTS	530.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	16.00
TOTAL MISC DISC	0.00
TOTAL TAX	49.69
TOTAL INVOICE \$	900.19

THANK YOU FOR YOUR BUSINESS
RON OLSON, SERVICE MANAGER, 393-4116
JOSE CARDENAS, PARTS MANAGER, 393-4105

CUSTOMER SIGNATURE

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW. ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

X

I ACKNOWLEDGE RECEIPT AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

X

THIS COPY MUST BE RETURNED FOR ADJUSTMENT.

X

AUTHORIZED SIGNATURE & DATE

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

PAID
MAR 13 2013

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