

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

100148



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

Date Received 07-JAN-2015	Repository <input type="checkbox"/>
	Reference No. 10670785

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	BROOMFIELD	State	CO	Zip Code	[REDACTED]
				Evening Telephone Number	same

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 1FTYR14U42P [REDACTED]	Make FORD	Model RANGER	Model Year 2002
Date Purchased 12/27/10	Dealer's Name and Telephone Number Private person - brother		Engine: No: Cylinders V6
Original Owner <input type="checkbox"/>	Dealer's City Florence, AZ	State AZ	Zip Code
Transmission Type automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Airbags	Multiple Failure: Incident Date(s) 04-OCT-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 010000 STEERING	Failure Mileage 150000	Failure Speed 30
---	---------------------------	---------------------

**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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 1	Reported to Police Y
--	---	--------------------------------	-----------------------	-------------------------

**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 2002 FORD RANGER. THE CONTACT STATED THAT THE DRIVER WAS TRAVELING 30 MPH WHEN THE VEHICLE BEGAN TO STEER UNCONTROLLABLY AND VEER TO THE LEFT. THE DRIVER WAS UNABLE TO CONTROL THE VEHICLE AND CRASHED INTO A TREE. THE DRIVER WAS KILLED FROM THE IMPACT AND SUSTAINED SEVERE INJURIES. THE AIR BAG DID DEPLOY. HOWEVER, THE CONTACT WAS NOT SURE IF THE FATAL INJURIES TO THE DRIVER WERE CAUSED BY THE IMPACT FROM THE CRASH OR FROM THE AIR BAG. THE VEHICLE WAS DESTROYED AND A POLICE REPORT WAS FILED OF THE INCIDENT. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 150,000.

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.

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

My husband was going around 30mph in a small neighborhood. He hit a tree + died. He should not have died in a small neighborhood like that!! It has to be because the airbag exploded with great force. It crushed ribs on the left side and 7 on the right side. He had subdural and subarachnoid hemorrhages and fracture of the right cartilage horn with hemorrhage. The autopsy says he died of Multiple Blunt Trauma Injuries to the chest and head.

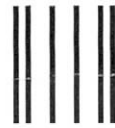
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

**BUSINESS REPLY MAIL**

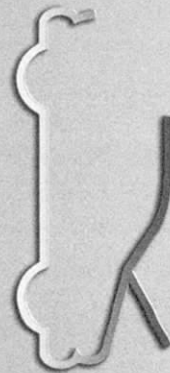
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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

