

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



U.S. Department of Transportation
National 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 100237

Date Received
25-FEB-2016

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City RENO State NV Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number Same

E-mail Address [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
1FTZR45E32F [REDACTED] Make FORD Model RANGER Model Year 2002
Date Purchased Feb 2002 Dealer's Name and Telephone Number Jones West Ford Engine: No: Cylinders 6 Fuel Type: gas
Original Owner Dealer's City Reno State NV Zip Code 89502
Transmission Type Auto Antilock Brakes Cruise Control Powertrain Multiple Failure: Cruise & brake lights Incident Date(s) 10-SEP-2013 & 2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 980000 UNKNOWN OR OTHER Failure Mileage 34000 Failure Speed

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 None Number of Deaths N/A 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).

2002 FORD RANGER, CONSUMER STATED MY ISSUE DEALS WITH THE CRUISE CONTROL, WHICH WORKS SPORADICALLY. *BF The speed

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.