

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
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|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                              |  | <p>INFORMATION ACT (EOIA), 5 U.S.C. 552(B)(6)</p> <p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b><br/>To Report Vehicle Safety Defects<br/>1-888-DASH-2-DOT<br/>(1-888-327-4236)<br/>INTERNET: www.nhtsa.dot.gov/hotline</p> |  | <p>FOR AGENCY USE ONLY 100148</p>                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <p>Date Received: 21-APR-2016</p>                                                                                                                                                                                                                   |  | <p>Repository <input type="checkbox"/></p> <p>Reference No. 10860668</p> |  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Address                                                                                                                                                                                                                                             |  | Daytime Telephone Number                                                 |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | State                                                                                                                                                                                                                                               |  | Zip Code                                                                 |  |
| KNOXVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | IA                                                                                                                                                                                                                                                  |  |                                                                          |  |
| <p>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).</p>                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Make                                                                                                                                                                                                                                                |  | Model                                                                    |  |
| 1FTYR11U65P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | FORD                                                                                                                                                                                                                                                |  | RANGER                                                                   |  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Dealer's Name and Telephone Number                                                                                                                                                                                                                  |  | Model Year                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | 2005                                                                     |  |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Dealer's City                                                                                                                                                                                                                                       |  | Engine:                                                                  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  | No: Cylinders                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | State                                                                                                                                                                                                                                               |  | 6                                                                        |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Powertrain                                                                                                                                                                                                                                          |  | Incident Date(s)                                                         |  |
| <input type="checkbox"/> Antilock Brakes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  | 04-JAN-2016                                                              |  |
| <input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| Vehicle Component Code: 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                     |  | Failure Mileage                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | Failure Speed                                                            |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Tire Model (Name or Number)                                                                                                                                                                                                                         |  | Tire Size (Example P215/65R15)                                           |  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                                                                                                                                |  | Failure Location:                                                        |  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                     |  | Tire Failure Type:                                                       |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Date Manufactured:                                                                                                                                                                                                                                  |  | Model No./Name:                                                          |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Installation System:                                                                                                                                                                                                                                |  |                                                                          |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Failed Part:                                                                                                                                                                                                                                        |  |                                                                          |  |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Fire                                                                                                                                                                                                                                                |  | Number of Persons Injured                                                |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                 |  |                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | Number of Deaths                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | Reported to Police                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | N                                                                        |  |
| <p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br/>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 2005 FORD RANGER. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBERS: 15V322000 (AIR BAGS) AND 16V036000 (AIR BAGS). THE PARTS TO DO THE RECALL REPAIRS WERE UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIRS. THE MANUFACTURER WAS NOT AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.</p>                                                                                                                                      |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;"><b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |
| <p>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.</p> |  |                                                                                                                                                                                                                                                     |  |                                                                          |  |

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

I haven't had Any problems with MY Truck.  
I Just Got a Notice from Ford That I have  
an Airbag Problem. But I haven't Heard from  
Them.

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

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IA 500  
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UNITED STATES

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US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
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](http://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

[safercar.gov](http://safercar.gov)