



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 100148

Date Received

Repository ☐

28-NOV-2017

Reference No.
11050985

2017 11 28

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

MADISON

State WI

Zip Code

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

1FTYR14UX5F

Make
FORD

Model
RANGER

Model Year
2005

Date Purchased

2009

Dealer's Name and Telephone Number

CAPITAL FORD NORMAN FORD

Engine:

No: Cylinders

Fuel Type:

W/LEAD

Original Owner

☐

Dealer's City

State

Zip Code

V-6

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Multiple Failure:

Incident Date(s)

05-SEP-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

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

Number of Deaths

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* TAKATA RECALL. THE CONTACT OWNS A 2005 FORD RANGER. THE CONTACT WAS INFORMED BY THE DEALER OF MANUFACTURER RECALL CAMPAIGN (16S03) CONCERNING THE DRIVER'S AIR BAG INFLATOR REPLACEMENT. ACCORDING TO THE CONTACT, THE DEALER (METRO FORD OF MADISON, 5422 WAYNE TERRACE, MADISON, WI 53718, (608) 246-3600) FAILED TO PROVIDE THE REMEDY AND REPLACEMENT PART FOR OVER A YEAR. THE MANUFACTURER WAS NOTIFIED. THE CONTACT HAD NOT EXPERIENCED A FAILURE.

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.