



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

26-JUN-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

747441

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location at bottom of windshield and driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTZR15X7XPB61536	FORD TRUCK	RANGER	1999	

Purchase Date 01-MAY-1999	Dealer's Name _____	Engine Size (CID/CC/L) 4.0 L	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure 1	Date(s) of Failure(s) 29-MAY-2001 25000 Mileage at Failure(s) 50	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

STRUCK THE SIDE OF A CAR THAT TURNED BLIND IN FRONT OF ME AT 50 MPH TOTALLING BOTH VEHICLES. HAD MY HANDS ON STEERING WHEEL AT 10 AND 2 OCLOCK. BENT STEERING COLUMN FORWARD SLIGHTLY FROM IMPACT. AIR BAGS DID NOT GO OFF!! HAD SEATBELT STRAP SORENESS FOLLOWING. POLICE AND FIRE RESCUE PERSONNEL WERE SURPRISED THAT AIR BAG DID NOT DEPLOY. REPORTED TO MORRIES MANAGER - TOLD THEY WOULD CONTACT ME - THEY NEVER DID. ALSO REPORTED TO INSURANCE REP.*AK

CONTINUE ON REVERSE

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.