



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 119

Date Received

03-JAN-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

854648

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) _____<br><small>(located at front of windshield on drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| NOT AVAILABLE                                                                                     | FORD TRUCK   | RANGER        | 1996         |                          |

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                                                                 |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>08540000 | Part Name(s)<br>ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT                              | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures        | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |

### APPLICATION INCIDENT INFORMATION

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

|                                                                              |                                                                             |                           |                      |                           |                                                                                           |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TRAVLEING CONSUMER NOTICED DIMMER LIGHTS COME ON. ALSO WINDSHIELD WIPERS AND THE DOOR WARNING LIGHT WOULD COME ILLUMINATED ON THE DASH. CONSUMER HAS CONTACTED THE DEALER, DEALER STATED THE COMPUTER CHIP HAS GONE BAD. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK

CONTINUED ON BACK (119)

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>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                           |  | <p>Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b></p> <p>NATIONWIDE 1-800-424-9393<br/>DC METRO AREA (202) 366-0123<br/>INTERNET: <a href="http://www.nhtsa.dot.gov">http://www.nhtsa.dot.gov</a></p> |  | <p><b>FOR AGENCY USE ONLY</b> 119</p> <p>Date Received <u>07 FEB 16 AM 10:00</u><br/><b>03-JAN-2000</b><br/>OFFICE OF DEFECTS INVESTIGATION</p>                                                                                                                                                                                                                                                                                                         |  |
| <p><b>OWNER INFORMATION (Type or Print)</b></p> <p><u>[Redacted]</u> <b>582472</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                        |  | <p>Od or <u>120</u><br/>od_it <u>120</u><br/>up_tr <u>120</u></p> <p>Reference No. <b>854648</b></p>                                                                                                                                                                                                                                                                                                                                                    |  |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an <u>[Redacted]</u> NOT provide your name and address to the vehicle manufacturer.</p>                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                        |  | <p>Signature of Owner <u>[Redacted]</u> Date <u>01/31/00</u></p>                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p><b>NOT AVAILABLE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <p>Vehicle Make <b>FORD TRUCK</b></p>                                                                                                                                                                                  |  | <p>Vehicle Model <b>RANGER</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <p>Vehicle Year <b>1996</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <p>Current Odometer Reading <b>49,562</b></p>                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Dealer's Name <u>[Redacted]</u></p> <p>City <u>[Redacted]</u> State <u>[Redacted]</u> Zip Code <u>[Redacted]</u></p>                                                                                                |  | <p>Engine Size (CID/CC/L) <u>2.3 L</u></p> <p>No Cylinders <u>4</u></p> <p><input type="checkbox"/> Turbo Diesel Gas Fuel Injection</p>                                                                                                                                                                                                                                                                                                                 |  |
| <p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                      |  | <p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br/><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br/><input type="checkbox"/> Passengerside Airbag</p>                                                                                                                                                                                    |  |
| <p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <p>Drive Train</p> <p><input type="checkbox"/> Front Rear 4-Wheel <input checked="" type="checkbox"/> 4-Wheel</p>                                                                                                      |  | <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> 2-Door<br/><input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door<br/><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon<br/><input type="checkbox"/> Other <input checked="" type="checkbox"/> Pick Up Truck Other <u>[Redacted]</u></p> |  |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>Component <b>08640000</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <p>Part Name(s) <b>ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT</b></p>                                                                                                                                          |  | <p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>                                                                                                                                                                                                                                                                                                               |  |
| <p>No of Failures</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>Date(s) of Failure(s) <u>Repetitive daily</u></p> <p>Mileage at Failure(s) <u>[Redacted]</u></p> <p>Vehicle Speed at Failure(s) <u>any time</u></p>                                                                 |  | <p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                    |  |
| <p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                 |  | <p>Number of Persons Injured</p>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <p>Number of Fatalities</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Estimated Property Damage</p>                                                                                                                                                                                       |  | <p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                    |  |
| <p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p> <p>WHEN TRAVLEING CONSUMER NOTICED DIMMER LIGHTS COME ON. ALSO WINDSHIELD WIPERS AND THE DOOR WARNING LIGHT WOULD COME ILLUMINATED ON THE DASH. CONSUMER HAS CONTACTED THE DEALER, DEALER STATED THE COMPUTER CHIP HAS GONE BAD. PLEASE PROVIDE ANY FURTHER DETAILS. *AK</p>                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>CONTINUE ON BACK IF NEEDED</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 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> |  |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

A computer chip has gone bad in which turns on the dome light and windshield wiper interlocks. The dome light will sometimes come on at night while driving causing a dangerous glare on the windshield when it decides to go off. The windshield wipers will also turn on and off for no reason at all, even if they have not been used. The dealer says that it will cost 180\$ to fix since it is out of the warranty. I worry that someday I may stop somewhere and come back out to find a dead battery because the computer chip turned it on. Sometimes I have to wait for five minutes to make sure it goes off.

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES