



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 758**

Date Received

29-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

895411

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>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                        |
| 1FTYR11V8XTA46063                                                                                   |                                                                        | FORD TRUCK                                                                                                                                                                                                   | RANGER                                                                 | 1999                                                                                                                                         |                                                                                                                                                                                                                                                 |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                                                                                              | Engine Size<br>(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                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                             | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<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                                                                                                                                                                                                                                      |
|                                                                                                     |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | <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>07300000<br>07450000 | Part Name(s)<br>POWER TRAIN:TRANSMISSION:AUTOMATIC<br>POWER TRAIN:DRIVELINE:DIFFERENTIAL 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 Failure                     | Date(s) of Failure(s) C1-SEP-2000<br>24000<br>Mileage at Failure(s) _____                     | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<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 Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

WHEN SHIFTING INTO FIRST 3 GEARS GEARSHIFT PUSHES BACK FIRST. THEN, IT GOES IN GEAR, AND VEHICLE LURCHES FORWARD. CONSUMER HAS TAKEN VEHICLE TO DEALER 5 TIMES. DEALER HAS REPLACED YOKE AND THE SYNCHRONIZER. HOWEVER, THIS DID NOT REMEDY PROBLEM.\*AK

COPIES OF REPORTS - SEE PAGE 2

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.

|                                                                                                                                                                                      |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>  |  | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b> |  | <b>FOR AGENCY USE ONLY 758</b><br>Date Received <u>01 SEP 19 2001</u><br><u>19-AUG-2001</u><br><b>DEFECTS INVESTIGATION</b><br>Office <u>                    </u><br>Reference No. <u>895411</u><br>Work Number <u>                    </u><br>Home Number <u>                    </u>                                                           |  |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> <b>711888</b>                            |  |                                                                                                                                                                                 |  | 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<br>In the absence of an <u>                    </u> provide your name and address to the vehicle manufacturer.<br>Signature of Owner <u>                    </u> Date <u>9/18/01</u> |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                           |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                  |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1FTYR11V8XYA46063</b>                                                                              |  | Vehicle Make<br><b>FORD TRUCK</b>                                                                                                                                               |  | Vehicle Model<br><b>RANGER</b>                                                                                                                                                                                                                                                                                                                   |  |
| Purchase Date<br><b>9/9/99</b>                                                                                                                                                       |  | Dealer's Name <u>Crouse Ford of Hampstead</u><br>City <u>Hampstead</u> State <u>Ad.</u> Zip Code <u>21074</u>                                                                   |  | Vehicle Year<br><b>1999</b>                                                                                                                                                                                                                                                                                                                      |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                |  | Engine Size (CID/CCL) <u>3.6</u><br>No. Cylinders <u>6</u>                                                                                                                      |  | <input type="checkbox"/> Turbo Diesel Gas Fuel Injection                                                                                                                                                                                                                                                                                         |  |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                   |  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                          |  | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motor belt<br><input type="checkbox"/> Driver's side Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passenger's side Airbag                                                                                                         |  |
| Cruise Control<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                |  | Drive Train<br><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel                                                         |  | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other                                                                                                                                                    |  |
| Body Style<br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                       |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                  |  |
| Component<br><b>07300000</b><br><b>07450000</b>                                                                                                                                      |  | Part Name(s)<br><b>POWER TRAIN: TRANSMISSION: AUTOMATIC</b><br><b>POWER TRAIN: DRIVE SHAFT: DIFFERENTIAL UNIT</b>                                                               |  | Location<br><input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear                                                                                                                                                                                                                                                              |  |
| No. of Failures<br><b>2</b>                                                                                                                                                          |  | Date(s) of Failure(s) <u>01-SEP-2000</u> <u>May 2000</u><br>Mileage at Failure(s) <u>2400</u> <u>2200 miles</u><br>Vehicle Speed at Failure(s) <u>                    </u>      |  | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                       |  |
| NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                         |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                              |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                  |  |
| (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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                 |  |
| Number of Fatalities<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                          |  | Is Damaged Property Damaged<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                              |  | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                        |  |

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

WHEN SHIFTING INTO FIRST 3 GEARS. GEARSHIFT PUSHES BACK FIRST. THEN, IT GOES IN GEAR, AND VEHICLE LURCHES FORWARD. CONSUMER HAS TAKEN VEHICLE TO DEALER 5 TIMES. DEALER HAS REPLACED YOKE AND THE SYNCHRONIZER. HOWEVER, THIS DID NOT REMEDY PROBLEM. \*AK

See reverse side

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-573) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

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)

Upon shifting into gears 1, 2, 3, 4, 5 vehicle shift would greatly resist going into the chosen gear. The shift handle would push back in my hand as I pushed it forward. Then when it would go into gear, the veh. would jolt along with making a hard crunch sound. The veh. harshly jolts. I have had a Ford repair shop look into this. (This trouble does not always occur) I was told it was drive shaft and the yoke. The yoke was defective and replaced, an adjustment was made to the transmission and parts ordered. The veh. worked ok then problem began again. 4 synchro's <sup>then put</sup> were put in, Vlt then was ok but on a couple occasions I have experienced the jolt in shifting (jolt was much lighter). I was told by my "Century Ford" manager that he spoke to a Ford technician and that this problem has occurred on other pickups. He stated that they would change my transmission fluid with a higher grade, and would give me an additional 2 years warranty coverage. This hasn't occurred.

Please, let me know what I can contact to find out what has been occurring with my veh. and what can be done. I believe the transmission is faulty.

☆ U.S. G.P.O.: 1982 - 423-947 / 60086

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  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES