

<p>INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552</p> <p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b>  <b>To Report Vehicle Safety Defects</b>  <b>1-888-DASH-2-DOT</b>  <b>(1-888-327-4236)</b>  <b>INTERNET:www.nhtsa.dot.gov/hotline</b></p> <p>U.S. Department of Transportation  <b>National Highway Traffic Safety Administration</b></p>	<p><b>FOR AGENCY USE ONLY 100148</b></p> <p>Date Received: 07-FEB-2014</p> <p>Repository: <input type="checkbox"/></p> <p>Reference No.: 10563431</p>
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OWNER INFORMATION (Type or Print)			
Name	[REDACTED]	Daytime Telephone Number	E-mail Address
Address	[REDACTED]	[REDACTED]	[REDACTED]
City	CLEVELAND	State	OH
Zip Code	[REDACTED]	Evening Telephone Number	

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	Make	Model	Model Year
1FMYU03175K [REDACTED]	FORD	ESCAPE	2005
Date Purchased	Dealer's Name and Telephone Number		Engine:
22 Feb 2005	LIBERTY FORD 216-662-3673		No: Cylinders
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
	MAPLE HTS	Ohio	44128
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
Auto	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s)
			06-FEB-2014

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 020000 SUSPENSION	Failure Mileage	Failure Speed
	77000	35

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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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			
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
		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\* THE CONTACT OWNS A 2005 FORD ESCAPE. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 35 MPH, A SUDDEN BANGING NOISE WAS HEARD FROM THE REAR OF THE VEHICLE. THE CONTACT DISCOVERED THAT THE REAR PASSENGER'S SIDE WHEEL HOUSING PANEL WAS RUSTED AND CAUSED THE SHOCK ABSORBER TO BECOME DETACHED FROM THE VEHICLE. THE CONTACT INDICATED THAT THE VEHICLE WAS DIAGNOSED BY THE DEALER BUT NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED AND NO SOLUTION WAS OFFERED. THE FAILURE MILEAGE WAS 77,000.

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.

**Preliminary Estimate**

**Job Number:**

Customer: XXXXXXXXXX

Vehicle: 2005 FORD ESCAPE 4X2 XLT 4D UTV 6-3.0L-FI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT SUSPENSION</b>					
2	*	Repl RT Strut 3.0 liter	6L8Z18124AB	1	77.47 m	1.4 M	
3		<b>QUARTER PANEL</b>					
4	*	Repl RT Wheelhouse panel	5L8Z7827886AA	1	130.53 s	10.0	0.0
5		R&I RT Body side trim right side w/4 speakers				0.4	
6	#	R&I Additional R&I's for interior		1		1.0	
7	#	note: open items during repair					
<b>SUBTOTALS</b>					<b>208.00</b>	<b>12.8</b>	<b>0.0</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts	11.4 hrs @	\$ 42.00 /hr	208.00
Body Labor	1.4 hrs @	\$ 75.00 /hr	478.80
Mechanical Labor			105.00
Subtotal	\$ 791.80 @	8.0000 %	63.34
Sales Tax			
<b>Grand Total</b>			<b>855.14</b>

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.