

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>26-MAR-2014</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No.</p> <p>10574856</p>	
<p>Name</p> <p>Address</p>		<p>Daytime Telephone Number</p>	<p>E-mail Address</p>		
<p>City</p> <p>CANTON</p>	<p>State</p> <p>OH</p>	<p>Zip Code</p>	<p>Evening Telephone Number</p>		
<p><i>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).</i></p>					
<p align="center">VEHICLE INFORMATION</p>					
<p>17 digit vehicle identification Number Located at bottom of windshield on driver's side</p> <p>1FMYU931X5K</p>		<p>Make</p> <p>FORD</p>	<p>Model</p> <p>ESCAPE</p>	<p>Model Year</p> <p>2005</p>	
<p>Date Purchased</p> <p>8/23/04</p>	<p>Dealer's Name and Telephone Number</p> <p>Downtown Ford</p>		<p>Engine:</p> <p>No: Cylinders</p>	<p>Fuel Type:</p>	
<p>Original Owner</p> <p><input checked="" type="checkbox"/></p>	<p>Dealer's City</p> <p>CANTON</p>	<p>State</p> <p>OH</p>	<p>Zip Code</p> <p>44702</p>		
<p>Transmission Type</p>	<p><input type="checkbox"/> Antilock Brakes</p> <p><input type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s)</p> <p>12-JAN-2014</p>	
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Codes: 161000 STRUCTURE: FRAME AND MEMBERS, 200000 WHEELS</p>			<p>Failure Mileage</p> <p>122000</p>	<p>Failure Speed</p> <p>35</p>	
<p align="center">ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>		<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p align="center">ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p align="center">APPLICABLE INCIDENT INFORMATION</p> <p align="center"><i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i></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>0</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>N</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2005 FORD ESCAPE. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 35 MPH, A LOUD NOISE EMITTED FROM THE REAR END OF THE VEHICLE. THE FAILURE RECURRED INTERMITTENTLY AND BECAME WORSE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, WHO NOTICED THAT THE PASSENGER'S SIDE REAR FENDER WELL RUSTED. THE VEHICLE WAS NOT REPAIRED. THE MECHANIC RECOMMENDED THAT THE VEHICLE NOT BE DRIVEN DUE TO A POTENTIAL SAFETY HAZARD. THE MANUFACTURER WAS NOTIFIED OF THE PROBLEM. THE APPROXIMATE FAILURE MILEAGE WAS 122,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p align="right">ATTACH ADDITIONAL SHEETS IF NECESSARY</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 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>					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The right rear fender wall, totally became loose from mounts CAUSING a loud noise, ready to fall out.

Several vehicles (Escapes) were at body shop for same reason. The car was in undrivable condition. Took it to Macco for repair, they tried to order the part but the part was on back order for 6 mos since many Escapes are waiting for the same part. So Macco got a used part for my Escape. Why are so many escapes having the same problem?

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC
POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

PAYMENT RECEIPT

3873



REPAIR ORDER 3873
 NAME [REDACTED] HOME PHONE [REDACTED]
 ADDRESS [REDACTED] WORK PHONE [REDACTED]
 CITY CANTON STATE OH ZIP [REDACTED]
 ESTIMATE 6219 EST. COMPLETION DATE

MAACO COLLISION REPAIR & AUTO PAINTING

CENTER: M2356
 6623 GREENFIELD CIRCLE NW
 NORTH CANTON, OH 44720
 TEL: (330)497-3355 FAX: (330)497-8499

ESTIMATE DATE 03/28/2014
 ESTIMATOR JARED
 BODY EMPLOYEE DENNY
 PAINT EMPLOYEE

YEAR/MAKE/MODEL 2005 FORD ESCAPE
 LICENSE/STOCK NO. STATE OH VIN 1FMYU931X5K [REDACTED]
 DATE IN 03/31/2014 DATE OUT 04/04/2014 INS TRADE & FLEET WARRANTY
 PAINT COLOR: NO PAINT
 MILEAGE IN: OUT:

Charges	Description	Gross	Taxable	Tax
	Parts	300.00	300.00	19.50
	Body Labor	1090.20	1090.20	70.86
	Spot Labor	18.40	18.40	1.20
	Spot Materials	11.20	11.20	0.73
Total		1419.80	1419.80	92.29

Payments	Date	Type	Amount Paid
	03/28/2014	Credit Card	114.82
	04/08/2014	Credit Card	1397.27

Total Due 1,512.09
 Total Paid 1,512.09
 Balance Due 0.00

COMPLETION CERTIFICATE

I HAVE INSPECTED MY VEHICLE AND AM SATISFIED THAT THIS SHOP HAS COMPLETED THE SERVICES ON THE REPAIR ORDER REFERENCED ABOVE. I HAVE ALSO RECEIVED A COPY OF THIS REPAIR ORDER

X _____

PAYMENT INFORMATION

DEPOSITS/PAYMENT

DATE _____ REC'D BY _____

METHOD OF PAYMENT	TOTAL INCL. TAX
CASH <input type="checkbox"/>	
CHECK <input type="checkbox"/>	DEPOSITS/PAYMENT
CREDIT CARD <input type="checkbox"/>	BALANCE

PAYMENTS

DATE _____ REC'D BY _____

CASH <input type="checkbox"/>	PAYMENT
CHECK <input type="checkbox"/>	
CREDIT CARD <input type="checkbox"/>	BALANCE

ASPCA

Canton, OH

CLEVELAND OH 441

07 MAY 2014 PM 5 L



US Dept. of Transportation
National Highway Traffic
Safety Administration
Office of Defects Investigation
1200 New Jersey Ave SE INVS-210
Washington, DC
20077-9382 20077-9382