

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

This is a copy of your Report to the U.S. Consumer Product Safety Commission submitted on 4/21/2014

Incident Details VQ-10585887-8289

Document Number: I1440372A

Report Number: 20140421-59BCA-2147445248

Report Submitted Date: 4/21/2014

Who You Are: Consumer

Incident Description: 2005 Ford Escape Limited Edition has passenger rear wheel well rotting out causing the shock mounts to disintegrate. Called the local dealership who has never heard of this problem but if you google the problem, countless complaints come up. I have called and reported this to the National Highway Transportation Safety Agency. Estimates to fix this unsafe manufacturers defect range from \$2000-\$7000.

Incident Date: 4/14/2014

Incident Location: Other - [REDACTED], Seymour, Indiana, [REDACTED] United States This is my home address

Victim Details

First Name: [REDACTED]

Last Name: [REDACTED]

Injury Information: Incident, No Injury

Victim is of Hispanic/Latino origin? No

Race: White

Other Race/Ethnicity:

My Relationship to Victim: My Child

Gender: Female

Age when incident occurred: [REDACTED] Years

Address:

E-mail:

Phone Number:

Product Details

Product Description: Automotive

Product Category: 2005 Ford Escape

Product Type:

Brand Name: Escape

Manufacturer / Importer / Private Labeler: Ford

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Name:
Model Name or
Number:
Serial Number:
Date
Manufactured:
Manufacturer
Date Code:
Manufacturer Not specified
Address:
Manufacturer
Website URL:
Manufacturer
Phone Number:
Retailer:
Retailer State:

Additional Details

Purchase Date:

I still have the Yes
product in my
possession.

The product No
was damaged
before the
incident.

The product No
was modified
before the
incident.

Have you Yes
contacted the
manufacturer?

If not, do you N/A
plan to contact
them?

Explanation: Ford offers no assistance other than save receipts

Your Contact Information

First Name: [REDACTED]
Last Name: [REDACTED]
Address: [REDACTED], Seymour, Indiana, [REDACTED] United States
E-mail [REDACTED]
Phone Number: [REDACTED]

Consent

May we include Yes, you may include my Report with any attachments on SaferProducts.gov.
your Report,

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including any documents or photographs that you have attached to your Report, but without your name and contact information, in CPSC's Public Database?

May we release your name and contact information to the product manufacturer /importer / private labeler.

Yes, you may release my name and contact information to the product manufacturer / importer / private labeler identified in your Report?

I certify that I have reviewed the Report and that the information provided in this Report is true and accurate to the best of my knowledge, information, and belief.

OMB Control Number 3041-0146