

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

AUG 12 2014

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
09-JUN-2014	Reference No. 10597027

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City JERICO State VT Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

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: 1FMCU93145K [REDACTED]  
Make FORD Model ESCAPE Model Year 2005  
Date Purchased 5/21/11 Dealer's Name and Telephone Number Crossroads Ford 518-756-4000 Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City Ravena State NY Zip Code 12143  
Transmission Type  Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 04-JUN-2014  
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 980000 UNKNOWN OR OTHER, 161000 STRUCTURE: FRAME AND MEMBERS Failure Mileage 49478 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 0 Number of Deaths 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. WHILE SERVICING THE VEHICLE, THE DEALER NOTICED THAT THE SUBFRAME WAS CORRODED. THE CONTACT WAS INFORMED OF A RECALL FOR HIS YEAR AND MODEL VEHICLE. THE CONTACT'S VEHICLE WAS MANUFACTURED IN 2004. THE MANUFACTURER WAS NOTIFIED. THE NHTSA CAMPAIGN ID NUMBER WAS UNKNOWN. THE APPROXIMATE FAILURE MILEAGE WAS 49,478.

I have attached the repair invoice from Heritage Ford. See page #2, highlighted.

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 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.

Note: This was a used vehicle purchased from this dealer.

517083



\*INVOICE\*

1600 Shelburne Road, South Burlington, VT 05403
P.O. Box 1100, Burlington, VT 05402-1100
Telephone (802) 865-8150
Toll Free (800) 833-6017

JERICHO, VT

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HOME: CONT:N/A

BUS: CELL:

SERVICE ADVISOR: 311 GARY GRAHAM

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN/OUT, TAG. Row 1: BLUE, 05, FORD ESCAPE, 1FMCU93145K, 50456/50456, T589. Row 2: DEL DATE, PROD. DATE, WARR. EXP., PROMISED, PO NO., RATE, PAYMENT, INV. DATE. Row 3: 20JUN05 DD, 17:00 26JUN14, 89.99, CASH, 27JUN14.

Table with columns: R.O. OPENED, READY, OPTIONS. Row 1: 14:01 27MAY14, 07:43 27JUN14, DLR:11I532 ENG:3.0\_Liter\_DOHC.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Row 1: A REPLACE REAR SHOCKS PER ESTIMATE. Row 2: RPE R&R REAR SHOCKS. Row 3: 552 CE 2.00. Row 4: 2 7L8Z\*18125\*AB KIT - SHOCK ABSORBER. Row 5: 50456 7.00 4.5flexpipe/2.5rearshocks/welded in new flex pipe, repaired rusty studs, replaced gaskets and nuts, found sub-frame rotted out, very unsafe to drive, gave est, waiting on auth. replaced rear shocks.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Row 1: B REPAIR EXHAUST PER ESTIMATE. Row 2: RPE REPLACE EXHAUST FLEX PIPE. Row 3: 552 CE 4.50. Row 4: 1 01927 FLEX TUBE. Row 5: 1 YL8Z\*9450\*AA GASKET. Row 6: 1 5L8Z\*9450\*CA GASKET. Row 7: 4 \*W520103\*S403 NUT - HEX. Row 8: 50456 R&R FLEX PIPE.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Row 1: C PERFORM MULTI-POINT INSPECTION. Row 2: 99P PERFORM MULTI-POINT INSPECTION. Row 3: 552 CE 0.10. Row 4: 50456 waiting on auth.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Row 1: D\*\* CHANGE ENGINE OIL & FILTER. Row 2: 1P CHANGE ENGINE OIL & FILTER. Row 3: 552 CE 0.30. Row 4: 1 F1AZ\*6731\*BE OIL FILTER. Row 5: 5 OIL 5W20 SYN BLEND GULF. Row 6: 50456 0.30 changed oil and filter.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Row 1: E\*\* VERMONT STATE INSPECTION. Row 2: VSI VERMONT STATE INSPECTION. Row 3: 552 CE 0.70. Row 4: RPE REPLACE SUBFRAME AND CROSS MEMBER/EXTRACT.

"Thank You For Your Patronage"



ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DISPOSAL OF HAZARDOUS WASTE The State of Vermont requires that all hazardous waste (Oil, Solvents, Anti-Freeze, etc.) must be disposed of by a licensed contractor in an environmentally safe manner. Any charges for disposal of hazardous waste reflects our conformity to state law in addition to our concern for the preservation of the environment.

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

Table with columns: DESCRIPTION, TOTALS. Rows: LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, LESS, SALES TAX, PLEASE PAY THIS AMOUNT.

517083



\*INVOICE\*

1600 Shelburne Road, South Burlington, VT 05403  
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JERICHO, VT  
HOME:  
BUS:

CONT:N/A  
CELL:

PAGE 2

SERVICE ADVISOR: 311 GARY GRAHAM

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
BLUE	05	FORD ESCAPE	1FMCU93145K		50456/50456	T589	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
20JUN05 DD			17:00 26JUN14		89.99	CASH	27JUN14
R.O. OPENED	READY	OPTIONS: DLR:11I532 ENG:3.0_Liter_DOHC					

14:01 27MAY14	07:43 27JUN14
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LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
BROKEN BOLTS							
				552 CE 9.60		528.00	528.00
1	6L8Z*5C145*A	CROSS MEMBER	ASY		431.68	310.81	310.81
1	5L8Z*5B112*AB	ROD			77.02	55.45	55.45
2	*W500749*S439	BOLT			9.64	5.78	11.56
RPR R&R FRONT BRAKE HOSES							
				552 CE 1.00		55.00	55.00
2	7L8Z*2078*B	HOSE ASY - BRAKE			67.92	48.90	97.80
RPE R&R R/R CALIPER & BLEED							
				552 CE 1.00		55.00	55.00
1	6L8Z*2553*A	HOUSING			96.05	69.16	69.16

*SUBFRAME*

50456 9.60 7.1SUBFRAME/2.5 ADDITIONAL TIME FOR RUSTED BOLTS, EXTRACTED 2 BROKEN BOLTS FROM CONTROL ARMS. GAVE EST ON BRAKE WORK, R&R FRONT BRAKE HOSES, R&R R/WR CALIPER & BLEED, ISSUED INSPECTION STICKER

F\*\* FOUR WHEEL ALIGNMENT CAR/COMPACT SUV  
4 FOUR WHEEL ALIGNMENT CAR/COMPACT SUV  
511 ISVC 1.50  
50456 4 WHEEL ALIGNMENT

(N/C)

YOUR COMPLETE SATISFACTION IS OUR GOAL  
If for ANY reason you are not COMPLETELY SATISFIED, please contact:  
Andy King, Service Manager ..... 865-8157  
Derrick Van Zyl ..... 865-8175

"Thank You For Your Patronage"



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DESCRIPTION	TOTALS
LABOR AMOUNT	937.28
PARTS AMOUNT	717.29
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	1654.57
LESS	0.00
SALES TAX	50.21
PLEASE PAY THIS AMOUNT	1704.78