MAY 28 2015

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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

FOR AGENCY USE ONLY 100148

Date Received	Repository
15-APR-2015	☐
MAY 28 2015	Reference No. 10705835

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City JONES / State MI / Zip Code [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	Make	Model	Model Year
1FMCU93124K[redacted]	FORD	ESCAPE	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.0 No: Cylinders 6	Fuel Type:
11 29 06	Samson Automotive				Regular
Original Owner ☐ no.	Dealer's City Elkhart Goshen	State IN	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain		06-JAN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 200000 WHEELS, 162000 STRUCTURE: BODY	Failure Mileage	Failure Speed
	121000	40

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: DOTMAL9ABC036)	☐ Original Equipment ☐ 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

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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 2004 FORD ESCAPE. WHILE DRIVING AT APPROXIMATELY 40 MPH, THERE WAS A LOUD NOISE EMERGING FROM THE REAR PASSENGER SIDE OF THE VEHICLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, WHO DIAGNOSED THAT THE REAR PASSENGER STRAP MOUNT WAS RUSTED AND THE REAR PASSENGER WHEEL WELL NEEDED REPLACEMENT. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 121,000.

Rear Passenger Side wheel well Rusted threw with a big hole, which allowed top of Strap mount to fall down. Now my car Right rear of this car to drop down on the Spring. Which is not safe

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY