


JUL - 6 2015

 <p>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</p>		FOR AGENCY USE ONLY 100148	
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		Date Received 06-MAY-2015	Repository <input type="checkbox"/> Reference No. 10714964
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
WINDFIELD- WINFIELD	IL		
<p>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).</p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMYU03165K		Make FORD	Model ESCAPE XLT Model Year 2005
Date Purchased 04/26/08	Dealer's Name and Telephone Number CARMAX 630-428-7500		Engine: No: Cylinders 6 Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City NAPERVILLE	State IL	Zip Code 60563
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 01-MAY-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 162000 STRUCTURE: BODY, 200000 WHEELS		Failure Mileage 00000 90,544	Failure Speed
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
Reported to Police N			
<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 THE REAR PASSENGER WHEEL WELL WAS CORRODED. THE DEALER AND MANUFACTURER WERE MADE AWARE OF THE FAILURE. THE DEALER DEEMED THE VEHICLE UNSAFE TO DRIVE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 90,000: 544</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<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 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>			

SELGA INC.

26W285 ST. CHARLES ROAD
 CAROL STREAM IL 60188
 Tel : 630-690-2121 Fax : 630-690-2198
 36-3172751

Final Invoice

Date :29-MAY-2015
 R.O. # [REDACTED]

Owner	Vehicle	Insurance
[REDACTED]	Make : 05 Ford	Self Pay
[REDACTED]	Model : Escape XLT	
Winfield, IL	License : [REDACTED]	
[REDACTED]	Color : SONIC BLUE	
Phone 1 :	VIN No. : 1FMYU03165K [REDACTED]	Contact :
Phone 2 :	Mileage : 90544	Phone :
Policy # :		Claim # :
Email : [REDACTED]	Est/Adj : Selga	Open : 20-MAY-15

Labor

Type	Operation	Description	Labor	Mat	Prep
Body	Remove/Replace	Pnl,Quarter Inner RT	20.0		
Refinish	Refinish	Pnl,Quarter Inner RT	.0	5	8
Body	Remove/Replace	Pnl,Wheelhouse Inner RT	.0		
Refinish	Refinish	Pnl,Wheelhouse Inner RT	.0	1	3
Body	Sublet	Hazardous Waste Removal	.0		
Body	Additional Labor	Cover Car Interior	.2		
Body	Additional Labor	MMM08310seamcaulk	.5		
Body	Additional Labor	MMM08804Undercoating	.3		

Parts

Type	Description	Qty	Each	Total
New	Pnl,Quarter Inner RT	1	477.10	477.10
New	Pnl,Wheelhouse Inner RT	1	304.58	304.58
Sublet	Hazardous Waste Removal	1	3.00	3.00
Other	Cover Car Interior	1	5.00	5.00
Other	MMM08310seamcaulk	1	64.16	64.16
Other	MMM08804Undercoating	1	36.79	36.79

TOTALS

Type	Hours	Per hour	Taxable	Non Tax	Total \$
Body	21.0	52.00	0.00	1092.00	1092.00
Refinish	.7	52.00	.00	35.40	35.40
Labor Total	22.7		.00	1180.40	1180.40
Parts Total			887.63	3.00	890.63
Sublet			0.00	3.00	3.00
Paint supplies			54.40	0.00	54.40
New			781.68		781.68
Other			105.95		105.95
Material Total			54.40		54.40
Prep.(Refinish)	1.0	52.00	.00	53.00	53.00

Previous Net	1987.00
Net Supplement	213.79
Total Amount	2125.43
Tax Total (rate 8.00 %)	75.36
Net Total	2200.79



