

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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



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

FOR AGENCY USE ONLY 100148

Date Received
17-OCT-2016
JAN - 4. 2017

Repository
Reference No.
10916476

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City MARQUETTE State MI Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number SAMU

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: 1FMCU92Z35K [Redacted]
Make FORD Model ESCAPE Model Year 2005
Date Purchased 3-31-2005 Dealer's Name and Telephone Number CROWN MOTOR NAME CHRYSLER FOX MARQUETTE 906 225 1200 Engine: No. Cylinders 4 Fuel Type: gas
Original Owner [X] Dealer's City MARQUETTE State ME Zip Code 49855
Transmission Type automatic [X] Antilock Brakes [X] Cruise Control [X] Powertrain All wheel drive? Multiple Failure: no Incident Date(s) 15-OCT-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 162000 STRUCTURE: BODY Failure Mileage 95000 Failure Speed NA

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

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

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: NA 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 Yes No Fire Yes No Number of Persons Injured NA Number of Deaths NA 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 DRIVING APPROXIMATELY 25 MPH, THE CONTACT HEARD A LOUD BANGING NOISE. THE CONTACT OBSERVED THAT THE WHEEL WELL HAD RUSTED A HOLE UNDERNEATH THE VEHICLE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE APPROXIMATE FAILURE MILEAGE WAS 95,000.

Area - RT Passenger Rear. owner feels this poses problem - Exhaust fumes and possible loss of control when shock rust through. Owner repair at his cost. [unibody construction] A repair #1600 have receipts if necessary.

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