

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  |                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| <br>U.S. Department<br>of Transportation<br><br>National Highway<br>Traffic Safety<br>Administration                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>DOT Auto Safety Hotline</b>                                                                                                                           |  | FOR AGENCY USE ONLY 100148                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Vehicle Owner's Questionnaire<br/>To Report Vehicle Safety Defects</b><br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |  | Date Received<br><br>01-AUG-2017<br><br>NOV 15 2017 |  |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  | Repository <input type="checkbox"/>                 |  |
| Name [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  | Reference No.<br>11012058                           |  |
| Address [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                          |  | Daytime Telephone Number [REDACTED]                 |  |
| City IONIA State MI Zip Code [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).                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                     |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                          |  |                                                     |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>1FMCU941X3[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Make<br>FORD                                                                                                                                             |  | Model<br>ESCAPE                                     |  |
| Model Year<br>2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Engine:<br>No: Cylinders<br>6                                                                                                                            |  | Fuel Type:<br>unlabeled                             |  |
| Date Purchased<br>7-3-2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Dealer's Name and Telephone Number<br>Goldhof Corporation (616) 902-3593                                                                                 |  | Original Owner<br><input type="checkbox"/>          |  |
| Dealer's City<br>Ionia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | State<br>MI                                                                                                                                              |  | Zip Code<br>48846                                   |  |
| Transmission Type<br>Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control                                                |  | Powertrain<br>V6                                    |  |
| Multiple Failure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Incident Date(s)<br>14-JUN-2017                                                                                                                          |  |                                                     |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                          |  |                                                     |  |
| Vehicle Component Codes: 010000 STEERING, 162000 STRUCTURE: BODY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |  | Failure Mileage<br>172907                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  | Failure Speed<br>45                                 |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                          |  |                                                     |  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Tire Model (Name or Number)                                                                                                                              |  | Tire Size (Example P215/65R15)                      |  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                                     |  | Failure Location:                                   |  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                          |  | Tire Failure Type:                                  |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                          |  |                                                     |  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date Manufactured:                                                                                                                                       |  | Model No./Name:                                     |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Installation System:                                                                                                                                     |  |                                                     |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Failed Part:                                                                                                                                             |  |                                                     |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                          |  |                                                     |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                              |  | Number of Persons Injured                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  | Number of Deaths                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  | Reported to Police<br>N                             |  |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 2003 FORD ESCAPE. WHILE DRIVING 45 MPH, THE STEERING FAILED AND THE SUBFRAME FRACTURED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC. THE LOCAL DEALER WAS NOT CONTACTED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND PROVIDED CASE NUMBER: [REDACTED] NO FURTHER ASSISTANCE WAS OFFERED. THE FAILURE MILEAGE WAS 172,907.                                                                                                                                                                               |  |                                                                                                                                                          |  |                                                     |  |
| 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 to 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. |  |                                                                                                                                                          |  |                                                     |  |

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

I was going down the road, and the frame broke causing me to lose control of steering. I ~~kind of~~ really wish I would have had a car that it would not have happened, because it cost me \$1,400 dollars I did not have.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

GRAND RAPIDS

MI 495

08 SEP '17

PM 5 L



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

FIRST CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle  
has a safety defect?**



**If so:**

**Use the enclosed  
form to file a report.**

**or visit:**

**[www.safercar.gov](http://www.safercar.gov)**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

# GELDHOF TIRE & AUTO OF IONIA

643 W. Lincoln Ave.

Ionia MI 48846

(616) 527-1101

page 1

Invoice # [REDACTED]

Day Phone [REDACTED]  
Fax Number [REDACTED]

IONIA MI [REDACTED]

Vehicle : 2003 Ford Truck Escape 3.0 L 2967 CC V6 DOHC 24

VIN : 1FMCU941X3 [REDACTED]

Created : 6/14/2017 4:51:05 PM

Complete : 6/23/2017 9:16:07 AM

Invoiced : 6/23/2017 9:16:07 AM

Srv Writer: RG

Color : Green  
Odometer In : 0  
Odometer Out : 172907

## Labor/Notes

| Qty | Code/Tech* | Reference  | Description               |   | Unit Price | Price    |
|-----|------------|------------|---------------------------|---|------------|----------|
| 8   | JM*        | [REDACTED] | SUBFRAME Remove & Replace | M | \$85.00    | \$680.00 |
| 1   | JM*        | [REDACTED] | THRUST ANGLE ALIGNMENT    |   | \$55.00    | \$55.00  |

## Parts

| Qty | Code/Tech* | Reference  | Description          | Condition | Unit Price | Price    |
|-----|------------|------------|----------------------|-----------|------------|----------|
| 1   | -          | [REDACTED] | ENGINE CROSS MEMBER  | Used      | \$300.00   | \$300.00 |
| 1   | NCP        | [REDACTED] | CONTROL ARM AND BALL |           | \$103.16   | \$103.16 |
| 1   | NCP        | [REDACTED] | CONTROL ARM AND BALL |           | \$103.16   | \$103.16 |
| 2   | NCP        | [REDACTED] | SWAY BAR LINK        |           | \$32.20    | \$64.40  |
| 2   | -          | [REDACTED] | BOLT                 |           | \$9.44     | \$18.88  |

Note: M - Labor Database, Copyright, Mitchell International, All Rights Reserved

|                  |                                  |
|------------------|----------------------------------|
| Labor            | \$735.00                         |
| Parts            | \$589.60                         |
| Sublet/Misc.     | \$0.00                           |
| Supplies         | \$36.75                          |
| Charges          | \$0.00                           |
| Sales Tax        | Tax @ \$626.35 * 6.0000% \$37.58 |
| <b>Total Due</b> | <b>\$1,398.93</b>                |

Tech

Certification #

JM

[REDACTED]