

This is a copy of your Report to the U.S. Consumer Product Safety Commission submitted on 10/26/2017

Incident Details

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Report Number: 20171026-CAB2E-2147396451

Report Submitted Date: 10/26/2017

Who You Are: Consumer

Incident Description: I bought an 04 Ford escape in 2014. About a month ago I noticed a loud noise coming from the rear passenger side of my vehicle when going over bumps in the road. Upon inspection, I found the shock casing on the rear passenger side is completely rusted out and my shock mount is no longer attached to my vehicle. This is extremely dangerous and after researching this online I found out it's a pretty common problem on 03 to 05 Escapes. Ford even makes a repair kit for the exact side that I am experiencing this problem so they are aware.

Incident Date: 9/18/2017 This is an estimate

Incident Location: Street or Highway - [REDACTED] Vinton, Virginia, [REDACTED] United States This is my home address

Victim Details

First Name: [REDACTED]

Last Name: [REDACTED]

Injury Information: Incident, No Injury

Victim is of Hispanic/Latino origin? No

Race: White

Other Race/Ethnicity:

My Relationship to Victim: Self

Gender: Female

Age when incident occurred: [REDACTED] Years

Address: [REDACTED] Vinton, Virginia, [REDACTED] United States

E-mail: [REDACTED]

Phone Number: [REDACTED]

Product Details

Product Description: 2004 Ford Escape XLT 6cyl 4wd

Product Category: Ford Escape

Product Type:

Brand Name: Escape

Manufacturer / Importer / Private Labeler: Ford

Name:

Model Name or Number: Escape

Serial Number:

Date Manufactured:

Manufacturer Date Code:

Manufacturer Address: Not specified

Manufacturer Website URL:

Manufacturer Phone Number:

Retailer: Liberty Auto

Retailer State: Roanoke, va

Additional Details

Purchase Date:

I still have the product in my possession. Yes

The product was damaged before the incident. N/A

The product was modified before the incident. N/A

Have you contacted the manufacturer? N/A

If not, do you plan to contact them? N/A

Explanation:

Your Contact Information

First Name: [REDACTED]

Last Name: [REDACTED]

Address: [REDACTED] Vinton, Virginia, [REDACTED] United States

E-mail [REDACTED]

Phone Number: [REDACTED]

Consent

May we include your Report, Yes, you may include my Report with any attachments on SaferProducts.gov.

CPSC does not guarantee the accuracy, completeness, or adequacy of the contents of the Publicly Available Consumer Product Safety Information Database on SaferProducts.gov, particularly with respect to information submitted by people outside of CPSC.

including any documents or photographs that you have attached to your Report, but without your name and contact information, in CPSC's Public Database?

May we release your name and contact information to the product manufacturer / importer / private labeler. Yes, you may release my name and contact information to the product manufacturer / importer / private labeler identified in your Report?

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I certify that I have reviewed the Report and that the information provided in this Report is true and accurate to the best of my knowledge, information, and belief. Yes

OMB Control Number 3041-0146