



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: 16-NOV-2018
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: CERRITOS State: CA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] Email Address: [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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3FA6P0LUSER [REDACTED]
Make: FORD Model: FUSION HYBRID Model Year: 2014
Date Purchased: 1/14/14 Dealer's Name and Telephone Number: Ken Coody Ford (714) 521-3110 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner: Dealer's City: Brea State: CA Zip Code: 92621
Transmission Type: Auto Antilock Brakes: Powertrain: Multiple Failure: Incident Date(s): 07-NOV-2018
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 162000 STRUCTURE: BODY Failure Mileage: 72000 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) 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: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 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 2014 FORD FUSION HYBRID. WHILE ACCELERATING FROM A STOP, THE CONTACT HEARD A THUMPING NOISE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO DETERMINED THAT ALL THREE MOTOR MOUNTS WERE DAMAGED AND NEEDED REPLACEMENT. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE DEALER WAS NOT NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 72,000.

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.