

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

From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOQ \(NHTSA\)](#)
Subject: FW: 11420877 (1).pdf
Date: Thursday, July 29, 2021 8:12:40 AM
Attachments: [REDACTED]

From: [REDACTED]
Sent: Thursday, July 29, 2021 8:03 AM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: 11420877 (1).pdf

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U.S. Department
of TransportationNational 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

14-JUN-2021

Repository ☐Reference No.
11420877**OWNER INFORMATION (Type or Print)**

Name XXXXXXXXXX		
Address XXXXXXXXXX		
City Bloomington	State IL	ZIP Code XXXXXX

Daytime Telephone Number
XXXXXXXXXXE-mail Address
XXXXXXXXXX

Evening Telephone Number

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 1FMYU021X2K XXXXXX		MAKE FORD	Model ESCAPE	Model Year 2002
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cy inders	Fuel Type:
Original Owner ☐	Dealer's City	STATE	ZIP Code	
Transmission Type ☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-MAY-2021	

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 020000 SUSPENSION, 160000 STRUCTURE	Failure Mileage 82000.0	Failure Speed
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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 Requirement ☐ 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), Injury(ies).)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), 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).

The contact owns a 2002 Ford Escape. The contact stated while driving at various speeds, the contact heard a loud noise coming from the suspension of the vehicle. The contact stated no warning light was illuminated. The vehicle was taken to an independent mechanic where it was diagnosed with the control arm needing to be replaced. The vehicle was not repaired. The contact stated that the vehicle had been serviced in 2014 under NHTSA campaign number: 14V165000 (Structure) however, the failure still occurred. The manufacturer had been informed of the failure and informed the contact that they could not assist and that he had to pay out of pocket for the repair. The failure mileage was approximately 82,000.

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 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.