

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

National Highway Traffic Safety Administration 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148 Date Received: 11-JAN-2022 Repository: <input type="checkbox"/> Reference No.: 11446996	
OWNER INFORMATION (Type or Print)			
Name: [REDACTED]		Daytime Telephone Number: [REDACTED]	
Address: [REDACTED]		E-mail Address: [REDACTED]	
City: UPPER BLACK EDDY	State: PA	ZIP Code: [REDACTED]	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 front of vehicle on driver's side: 3FA6P0H94H [REDACTED]		MAKE: FORD	Model: FUSION
Date Purchased:	Dealer's Name and Telephone Number:	Engine: No: Cylinders: 4	Fuel Type: GAS
Original Owner: <input checked="" type="checkbox"/>	Dealer's City: FLEMMING DITCHMAN	STATE: NJ	ZIP Code: 08822
Transmission Type: AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain: FWD.	Multiple Failure:
Incident Date(s): 11-JAN-2022			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Components Codes: 203000 WHEELS:LUGS/NUTS/BOLTS		Failure Mileage: 57000.0	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: DOTMAL 9ABC036):	<input type="checkbox"/> Original Requirement <input type="checkbox"/> 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 <i>(Please describe in detail the Incident(s), Failure(s), Crash(es), Injury(ies).)</i>			
Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured:	Number of Deaths:
Reported to Police: N			
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 2017 Ford Fusion. The contact stated that the vehicle was taken to the dealer for routine maintenance and tire rotation and it was discovered that the lug nuts on all four wheels were swollen and the wheels could not be removed from the vehicle. The cause of the failure was not yet determined. The manufacturer was not notified of the failure. The failure mileage was 57,000. The VIN was not available.			
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.			