



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 2005 JAN 05 AM 2:03:00
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received

Repository

Reference No.
10101702

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City GREAT BARRINGTON State MA Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/5/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JH LRD 78464C Make JONDA Model CR-V Model Year 2004
Date Purchased 26-APR-04 Dealer's Name and Telephone Number Palouse Honda 413-285-4097 Engine: No. Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City U. Spring Field State MA Zip Code 01089
Transmission Type Automatic Manual Powertrain ALL WHEEL DRIVE Vehicle Component Code 021000 SUSPENSION:FRONT
 Cruise Control Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-APR-2004 Failure Mileage 17 Failure Speed Passenger Front End

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: DOTM1A9ABC036) 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).

WHEN DRIVING THE VEHICLE OVER SPEED BUMPS, POT HOLE OR DIRT ROADS A CLANKING/POPPING NOISE WAS HEARD. VEHICLE WAS TAKEN TO TWO SEPARATE DEALERS. THE FIRST DEALER REPLACED THE FRONT STRUTS, REATTACHED THE FRONT BUMPER, RETIGHTENED THE ENGINE MOUNTS AND OTHER BOLTS. HOWEVER, PROBLEM RECURRED. CURRENTLY, VEHICLE IS AT THE SECOND DEALER BEING INSPECTED/REPAIRED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-578) 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.