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

2005 APR 25 AM 9:42

FOR AGENCY USE ONLY 241

Date Received	Repository ☐
25-MAR-2005	Reference No. 10115889

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address			Evening Telephone Number	
City CHEVY CHASE	State MD	Zip Code 20815		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an s[illegible] me or address to the vehicle manufacturer.
Signature of Owner _____ Date 9.6.05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5HSRD78894	HONDA	CR-V	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
08-OCT-04	OURISMAN HONDA · 301.656-1000			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City Bethesda,	State MD	Zip Code 20814		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	050000 ENGINE AND ENGINE COOLING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-MAR-2005	9455	

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: DOTMA9ABC036)	☐ 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), Fatalities, Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	Y

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).

WHILE THE VEHICLE WAS POSITIONED AT THE STOP SIGN CONSUMER NOTICED BLACK SMOKE COMING FROM UNDER THE HOOD, AND SMELLED SOMETHING BURNING. PASSING BY DRIVER CAME TO GET THE CONSUMER OUT OF THE VEHICLE. CONSUMER TURNED THE VEHICLE OFF AND STEPPED OUT OF THE VEHICLE. WITHIN A 2-3 MINUTES THE FIRE WENT OUT ON ITS OWN. VEHICLE WAS TOWED TO THE DEALER. WHO INFORMED CONSUMER THAT THE FIRE WAS DUE TO OIL LEAKING FROM THE OIL FILTER SEAL ONTO THE MANIFOLD. *AK

Eyewitness saw flames originating from engine block area.

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.