



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

2006 SEP 15 PM 12:05
21-AUG-2006

Repository ☐

Reference No.
10166159

OWNER INFORMATION (Type or Print)

Name
Address
City FORT WASHINGTON State MD Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to use your vehicle?
In the absence of an address to the vehicle manufacturer. ☐ YES ☒ NO
Signature of Owner Date 8/23/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JHMFA36266S Make HONDA Model CIVIC HYBRID Model Year 2006

Date Purchased
13-FEB-06

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Other

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
103000 POWER TRAIN:AUTOMATIC TRANSMISSION

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
13-FEB-2006

Failure Mileage
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: DOTM9ABC036)

☐ 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

Number of Deaths

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).

DT*: THE CONTACT STATED THE VEHICLE CONSISTENTLY ROLLED BACKWARDS AT RED LIGHTS, IN BETWEEN THE TIME IT TOOK TO SWITCH PEDALS FROM BRAKING TO ACCELERATING. THE VEHICLE HAD AN AUTOMATIC TRANSMISSION. THE VEHICLE WAS NOT TAKEN TO A SERVICE DEALER. THE DEALER EXPRESSED DUE TO THE LIGHTER TRANSMISSION, THIS WAS A REGULAR PROBLEM WITH THESE VEHICLES.

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.