



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 02-AUG-2010	Repository <input type="checkbox"/>
	Reference No. 10346752

**OWNER INFORMATION (Type or Print)**

Name				Daytime Telephone Number	E-mail Address
Address					
City	DIXON	State	IL	Zip Code	
				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 5J6YH28604L		Make HONDA	Model ELEMENT	Model Year 2004
Date Purchased 11/04	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s) 01-JUN-2005
	<input type="checkbox"/> Cruise Control			

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage 8000	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)	<input type="checkbox"/> Original Equipment <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**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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
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**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).

TL\* THE CONTACT OWNS A 2004 HONDA ELEMENT. THE CONTACT STATED WHEN DEPRESSING THE BRAKES FROM ANY SPEED, THE BRAKES WOULD ABNORMALLY SQUEAK. THE DEALER REPLACED THE FRONT BRAKES. THE FAILURE RECURRED WITHIN NINE MONTHS. THE DEALER THEN REPLACED THE REAR DRIVER SIDE BRAKES. THE FAILURE RECURRED WITHIN ONE YEAR AND A HALF. THE CONTACT THEN HAD THE VEHICLE INSPECTED BY AN INDEPENDENT MECHANIC WHO REPLACED THE FRONT BRAKES AND CALIPERS. THE FAILURE RECURRED WITHIN EIGHT MONTHS. THE VEHICLE WAS TAKEN BACK TO THE INDEPENDENT MECHANIC WHERE THE CONTACT WAS AWAITING REPAIRS. THE FAILURE MILEAGE WAS 8,000 AND THE CURRENT MILEAGE WAS 38,000.

AND ROTORS

AS OF 9/1/10 ALL BRAKES, CALIPERS + ROTORS HAVE BEEN REPLACED, WITH 40,000 MILES CURRENTLY.

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.