



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
JUN 01 2011
12-APR-2011

Repository
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OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **NEWTON** State **MA** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address
Evening Telephone Number **[REDACTED]**

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
2HGFG12886H [REDACTED] Make **HONDA** Model **CIVIC** Model Year **2006**

Date Purchased **2006** Dealer's Name and Telephone Number **Honda Village** Engine: No: Cylinders
Original Owner Dealer's City **Newton** State **MA** Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) **12-APR-2009** *Approx/Date closed prior to!*

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: **130000 VISIBILITY, 220000 SEATS** Failure Mileage **40000** 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: DOTM19ABC036) 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).

TL* THE CONTACT OWNS A 2006 HONDA CIVIC. THE CONTACT STATED THAT THE DRIVER AND PASSENGER SUN VISORS HINGES FRACTURED AND THE VISORS WOULD NOT REMAIN IN THE CLOSED, UPRIGHT POSITION. IN ADDITION, THE DRIVER SEAT WOULD NOT LOCK INTO PLACE WHEN ADJUSTED. THE REAR PASSENGER SEAT BACKING HAD ALSO FRACTURED WITH EXPOSED WIRING. THE VEHICLE WAS TAKEN TO THE DEALER WHO ADVISED THERE WAS NO RECALL FOR THE FAILURES AND THAT THE CONTACT WOULD HAVE TO PAY FOR THE REPAIRS. THE MANUFACTURER WAS CONTACTED WHO OFFERED NO ASSISTANCE. THE FAILURE MILEAGE WAS 40,000.

this failure was before prior to 40,000 miles!

5-20-11

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.