Form Approved: O.M.B. No. 2127-0004

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: APR 28 2011 — 15-APR-2011

Repository ☐

Reference No. 10395989

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	[redacted]
Address	[redacted]	E-mail Address	[redacted]
City: WEBSTER	State: MA	Zip Code: [redacted]	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	Make	Model	Model Year
4S6CM58W0W4[redacted]	HONDA	PASSPORT	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☑	Dealer's City: Auburn Ma.	State: MA.	Zip Code: 01501	6	GASOLINE

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control	4X4		17-MAR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 022000 SUSPENSION: REAR	Failure Mileage	Failure Speed
Recent Recall, owner's Inspect Rear Driver side SHOCK MOUNT Broken at frame Broken & Rusted AWAY	170000 171,000	15/0 20 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
		P 215/70R16 106T

DOT No. (Example: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(les).
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 1998 HONDA PASSPORT. THE VEHICLE WAS INCLUDED IN THE RECALL ASSOCIATED WITH NHTSA CAMPAIGN ID NUMBER: 10V436000 (SUSPENSION:REAR) AND WAS TAKEN TO AN AUTHORIZED DEALER WHERE A NEW BRACKET WAS MOUNTED ONTO A SEVERELY CORRODED FRAME. THE CONTACT FELT THAT THE REMEDY WAS INADEQUATE AND UNSAFE. THE FAILURE AND CURRENT MILEAGE WAS 170,000.

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.

NHTSA office of Defects Investigation Fax # 202-366-1767

4/27

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City WEBSTER	State MA	Zip Code [redacted]	

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VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4S6CM58W0W4[redacted]	HONDA	PASSPORT	1998

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
* AUGUST 97.	* Lundgren Honda	* 508-832-6200	6	GASOLINE
Original Owner ☑	Dealer's City: Auburn Ma.	State: MA. Zip Code: 01501		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☐ Antilock Brakes ☑ Cruise Control	4X4		17-MAR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

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Tire Component Code		Tire Failure Type:

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Customer Number: **32873** Invoice No: **179848**

INVOICE

PAGE 1

LUNDGREN HONDA
525 Washington Street
Auburn, MA 01501
(508) 832-6200
www.lundgrenhonda.com

[redacted]
WEBSTER, MA [redacted]
Home: [redacted] Bus: [redacted] Cell:
Email:

SERVICE ADVISOR: 1963 GAIL A FITZPATRICK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	98	HONDA PASSPORT	4S6CM58W0W[redacted]		171473/171473	SDEFI

DEL. DATE	DEL. MILES	WARR. EXP.	PROMISED	P/O NO	RATE	PAYMENT	INV. DATE
01JAN98			17:00 14JAN11		99.00	CASH	29MAR11

R.O. OPENED	READY	OPTIONS: DLR:206762 ENG:3 _Liter_MPI_DOHC
07:59 14JAN11	17:12 29MAR11	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

A FRAME RECALL
CAUSE: E
36 RECALLS AND CAMPAIGN
1860 W (N/C)
1 8-98181-806-0 99999 SERVICE KIT (A1) (N/C)
FC: PART#: E COUNT:
CLAIM TYPE:
AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

,,,,PERFORMED STAGE 3 REPAIR. ! FRAME STILL NOT SAFE TO DRIVE, HAS MANY
,,,,HOLES AND BROKEN MOUNTS. REPAIR BEFORE DRIVING!!!

****

B** HERTZ
HERTZ HERTZ
1860 W (N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

****

YOU MAY BE SELECTED BY AMERICAN HONDA TO PARTICIPATE IN A CUSTOMER SATISFACTION PHONE/EMAIL SURVEY. PLEASE TAKE THE TIME TO PROVIDE US WITH YOUR FEEDBACK. IF WE HAVE NOT EXCEEDED YOUR EXPECTATIONS FOR ANY REASON, PLEASE CONTACT BOB PRENTISS DIRECTLY AT 774-221-1194. THANK YOU FOR YOUR BUSINESS!

4/4 American Honda showing no case # when?

Called Monday 4/4, returned my call — ok to call American Honda Co (CORS) 1800-999-1009

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 0.00
PARTS AMOUNT	$ 0.00
GAS	$ 0.00
SUBLET AMOUNT	$ 0.00
SHOP, ENVIRON. FEES	$ 0.00
TOTAL CHARGES	$ 0.00
DISCOUNT	$ 0.00
SALES TAX	$ 0.00
PLEASE PAY THIS AMOUNT	$ 0.00

Customer Copy

X45T2.700 1
SERVICE INVOICE #2 3GT3C