INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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	Repository ☐
JUL 12 2012 16-MAY-2012	Reference No. 10458700

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City TUSCON	State AZ	Zip Code [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
JHLRD68434C[redacted]	HONDA	CR-V	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7/05/2004	BEAUDRY MOTOR CO.			No: Cylinders 4	GAS
Original Owner ☒	Dealer's City TUCSON	State AZ	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☒ Cruise Control	AUTOMATIC		15-MAY-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS	Failure Mileage	Failure Speed
	80000	0

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: 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	0	0	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 2004 HONDA CR-V. WHILE PARKED, THE CONTACT NOTICED THAT THE SEAT BELT LIGHT ILLUMINATED ON THE INSTRUMENT PANEL. AFTER REVIEWING THE MANUAL, THE CONTACT LEARNED THAT THE WARNING LIGHT INDICATED A FAILURE WITH THE FRONT PASSENGER SIDE SEAT BELT. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR A DIAGNOSTIC TEST. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 80,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

In a rear end collison the drivers seat belt did not operate. I suffered a slight head injury [redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382