



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  
**OCT 26 2012**  
27-SEP-2012

Repository   
Reference No.  
10477238

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City **MADEIRA BEACH** State **FL** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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  
**5J6RM3H31CL [REDACTED]** Make **HONDA** Model **CR-V** Model Year **2012**  
Date Purchased **30 APR 2012** Dealer's Name and Telephone Number **AUTOWAY HONDA** Engine: No: Cylinders  
Original Owner  Dealer's City **CLEARWATER** State **FL** Zip Code **33764** Fuel Type:  
Transmission Type  Antilock Brakes Powertrain Multiple Failure: Incident Date(s) **01-JUN-2012**  
 Cruise Control

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

Vehicle Component Code: **VISIBILITY/WIPER (PWS)** Failure Mileage **1000** 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 Failure Location:  
 Prior Repair  
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 2012 HONDA CR-V. THE CONTACT STATED THAT THE PASSENGER SIDE WINDSHIELD WIPER BLADE FAILED WHICH CAUSED WATER TO ACCUMULATE AND OBSTRUCTED THE DRIVERS VIEW. THE FAILURE WAS RECURRENT SEVERAL TIMES. THE VEHICLE WAS TAKEN TO THE DEALER WHO ADVISED THE CONTACT HOW THE WINDSHIELD WAS DESIGNED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 1,000 AND THE CURRENT MILEAGE WAS 3,000.

THE PASSENGER SIDE BLADE THROWS WATER TO THE DRIVERS SIDE IMPAIRING VISION. THIS OCCURS WHEN WIPERS ARE ON MED OR HIGH SPEED. ON LOW SPEED IT LEAVES A WATER STREAK ON DRIVERS SIDE. THIS APPEARS TO BE A DESIGN FLAW THE DEALER SAYS THEY ARE UNABLE TO CORRECT THE PROBLEM. COPIES ATTACHED

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.

CUSTOMER #: 60097757

109114



\*INVOICE\*

7671 US Hwy 19 North · Pinellas Park, FL 33781  
Phone 727-521-4000 · Fax 727-329-1558  
www.CrownCars.com

MADEIRA BEACH, FL

PAGE 1

MV-01647

HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 977143 JASON RAYMOND CAVA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	12	HONDA CR-V	5J6RM3H31CL [REDACTED]		2394 / 2394	T737	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN12 DD			WAIT 12OCT12		0.00	CASH	12OCT12

R.O. OPENED	READY	OPTIONS:
08:42 12OCT12	09:22 12OCT12	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES THAT WHEN WE HAVE A HEAVY RAIN THE P/S WIPER THROUGHES WATER OVER THE D/S WIPER AND YOU LOSE ALL VISION. PLEASE CHECK & ADVISE.  
S120 CHECKED WIPER OPERATION AND IT IS WORKING AS DESIGNED.  
977326 C 0.00 0.00  
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00  
\*\*\*\*\*

EST: 0.00 12OCT12 08:42 SA: 977143

**DISCLAIMER OF WARRANTIES**

Any warranties on the products sold hereby are those made by the manufacturer. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

No refunds, returns or exchanges on electrical or special ordered items. Returned merchandise subject to 20% handling charge. All special ordered parts must be paid for 100% in advance. No refunds or returns after 10 days.

In case of litigation for collection of this bill, attorney's fees and court costs will be paid by the customer.

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
DISCOUNT	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
<b>PLEASE PAY THIS AMOUNT</b>	<b>0.00</b>

X  
CUSTOMER SIGNATURE

CUSTOMER #: 60097757

108014



copy

\*INVOICE\*

7671 US Hwy 19 North · Pinellas Park, FL 33781  
Phone 727-521-4000 · Fax 727-329-1558  
www.CrownCars.com

MADEIRA BEACH, FL

PAGE 1

HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 977143 JASON RAYMOND CAVA

MV-01647

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	12	HONDA CR-V	5J6RM3H31CL [REDACTED]		2202/2202	T669	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN12 DD			12:00 24SEP12		0.00	CASH	24SEP12

R.O. OPENED	READY	OPTIONS:
08:45 24SEP12	10:20 24SEP12	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES PLEASE COMPLETE OPEN RECALL DOOR LATCH RECALL 12-040  
 CAUSE: RECALL 12-040  
 8181C8 REPLACE DRIVERS SIDE INNER DOOR HANDLE AND DOOR LATCH. S /B# 12-040  
 977333 W (N/C)  
 1 06720-TOA-305 KIT,FR DR LATCH (N/C)  
 1 06721-TOA-305ZB KIT,HANDLE\*NH167L\* (N/C)  
 8181C8A REPLACE PASSENGER SIDE ADD. S/B# 12-040  
 977333 W (N/C)

FC: 5ND00  
 PART#: 06720-TOA-305  
 COUNT: 1  
 CLAIM TYPE:  
 AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00  
 2202 RECALL 12-040 8181C8 1.00 RECALL COMPLETE. INSTALLED DOOR LATCH AND INSIDE HANDLE

B CUSTOMER STATES THAT WHEN THE WIPERS CLEAR THE WINDSHIELD THEY LEAVE A STREAK BETWEEN THEM IN THE CENTER. SHE WOULD LIKE TO KNOW IF THIS CAN BE ADJUSTED.  
 S100 COMPARED TO OTHER 12 CRV AND CONFIRMED THIS IS NORAML OPERATION.

977333 C 0.00 0.00  
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

EST: 0.00 24SEP12 08:45 SA: 977143

**DISCLAIMER OF WARRANTIES**

Any warranties on the products sold hereby are those made by the manufacturer. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

No refunds, returns or exchanges on electrical or special ordered items. Returned merchandise subject to 20% handling charge. All special ordered parts must be paid for 100% in advance. No refunds or returns after 10 days.

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LABOR AMOUNT	0.00
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DISCOUNT	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

X  
CUSTOMER SIGNATURE