

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

Form Approved OMB No. 1127-0088

U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148 Date Received <b>FEB 28 2013</b> 13-FEB-2013		Repository <input type="checkbox"/> Reference no. 10498070	
<b>OWNER INFORMATION (Type or Print)</b>							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City		State		Zip Code			
ROCHESTER		NY					
<i>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).</i>							
<b>VEHICLE INFORMATION</b>							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side				Make		Model	Model Year
1HGCP2F36C				HONDA		ACCORD	2012
Date Purchased		Dealer's Name and Telephone Number			Engine:		Fuel Type:
		dick lida			No: Cylinders		gas
Original Owner		Dealer's City		State	Zip Code	4	
<input checked="" type="checkbox"/>		rochester		NY	14626		
Transmission Type		Powertrain		Multiple Failure:		Incident Date(s)	
<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control						12-OCT-2011	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>							
Vehicle Component Code: 220000 SEATS						Failure Mileage	Failure Speed
						15	0
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>							
Tire Make		Tire Model (Name or Number)			Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM1A9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:			
Tire Component Code				Tire Failure Type:			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>							
Make:		Date Manufactured:		Model No./Name:			
Seat Type:		Installation System:					
Child Seat Component Code:		Failed Part:					
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</i>							
Crash	Fire	Number of Persons Injured		Number of Deaths		Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2012 HONDA ACCORD. THE CONTACT STATED THAT THE DRIVER AND PASSENGER SEATS WERE VERY UNCOMFORTABLE, CAUSING HIM TO SUSTAIN BACK PAIN. THE VEHICLE WAS TAKEN TO THE DEALER WHERE THE TECHNICIAN STATED THAT THERE WAS NO REMEDY. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 15 AND THE CURRENT MILEAGE WAS 15,000. I have had to disable seat restraint to be able to drive vehicle Honda continues to deny problem saying I am first to make complaint when in fact many people have complained.							
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>							
The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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.							



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Date 2/28/2013

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Message: