


DEC 08 2014

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>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</p> | | <p>FOR AGENCY USE ONLY 100148</p> | |
| <p>Date Received</p> <p>27-OCT-2014</p> | | <p>Repository <input type="checkbox"/></p> <p>Reference No. 10650271</p> | | | |
| <p>OWNER INFORMATION (Type or Print)</p> | | | | | |
| <p>Name</p> <p>[REDACTED]</p> | | <p>Daytime Telephone Number</p> <p>[REDACTED]</p> | | <p>E-mail Address</p> | |
| <p>Address</p> <p>[REDACTED]</p> | | <p>Evening Telephone Number</p> <p>[REDACTED]</p> | | | |
| <p>City</p> <p>SPRINGFIELD</p> | <p>State</p> <p>MA</p> | <p>Zip Code</p> <p>[REDACTED]</p> | | | |
| <p><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></p> | | | | | |
| <p>VEHICLE INFORMATION</p> | | | | | |
| <p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1HGCM56466A [REDACTED]</p> | | <p>Make</p> <p>HONDA</p> | <p>Model</p> <p>ACCORD</p> | <p>Model Year</p> <p>2006</p> | |
| <p>Date Purchased</p> | <p>Dealer's Name and Telephone Number</p> <p><i>Kalise Hyundai 413/3063041</i></p> | | <p>Engine:</p> <p>No: Cylinders</p> | <p>Fuel Type:</p> <p><i>Reg</i></p> | |
| <p>Original Owner</p> <p><input type="checkbox"/></p> | <p>Dealer's City</p> <p><i>Springfield</i></p> | <p>State</p> <p><i>MA</i></p> | <p>Zip Code</p> <p><i>01105</i></p> | | |
| <p>Transmission Type</p> <p><i>Auto</i></p> | <p><input type="checkbox"/> Antilock Brakes</p> <p><input type="checkbox"/> Cruise Control</p> | <p>Powertrain</p> | <p>Multiple Failure:</p> <p><i>AIR BAGS</i></p> | <p>Incident Date(s)</p> <p>01-JAN-2014</p> | |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | |
| <p>Vehicle Component Code: 140000 AIR BAGS</p> | | | <p>Failure Mileage</p> <p>70000</p> | <p>Failure Speed</p> | |
| <p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p> | | | | | |
| <p>Tire Make</p> | <p>Tire Model (Name or Number)</p> | | <p>Tire Size (Example P215/65R15)</p> | | |
| <p>DOT No. (Example: DOTM9ABC036)</p> | <p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p> | <p>Failure Location:</p> | | | |
| <p>Tire Component Code</p> | | | <p>Tire Failure Type:</p> | | |
| <p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p> | | | | | |
| <p>Make:</p> | | <p>Date Manufactured:</p> | | <p>Model No./Name:</p> | |
| <p>Seat Type:</p> | | <p>Installation System:</p> | | | |
| <p>Child Seat Component Code:</p> | | <p>Failed Part:</p> | | | |
| <p>APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i></p> | | | | | |
| <p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured</p> <p>4</p> | <p>Number of Deaths</p> | <p>Reported to Police</p> <p>Y</p> | |
| <p>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).</p> | | | | | |
| <p>TL* THE CONTACT OWNED A 2006 HONDA ACCORD. WHILE DRIVING AT AN UNKNOWN SPEED DURING INCLEMENT WEATHER, THE CONTACT LOST CONTROL OF THE VEHICLE AND CRASHED INTO A GUARDRAIL SEVERAL TIMES. THE DRIVER AND PASSENGER FRONTAL AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED INJURIES TO THE CHEST, HEAD, AND ELBOW. THE FRONT PASSENGER SUSTAINED BACK AND NECK INJURIES. THE REAR DRIVER SIDE PASSENGER SUSTAINED INJURIES TO THE FACE AND HEAD. THE OTHER REAR PASSENGER SUSTAINED INJURIES TO THE NECK AND WAIST. THE DRIVER AND BOTH REAR PASSENGERS REQUIRED MEDICAL ATTENTION. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS DESTROYED. THE APPROXIMATE FAILURE MILEAGE WAS 70,000.</p> | | | | | |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p> | | | <p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p> | | |
| <p>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.</p> | | | | | |