

Step 1: Complete this form.
Step 2: Click here to save the form to your computer.
Step 3: Click here to access the upload web page.

Temporary Complaint Number (TCN): CFN24-50073

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Required Information in **Bold**

Form Approved: O.M.B. No. 2127-0008

Vehicle Information

EQ-10711760-1249

Vehicle Identification Number (VIN) (See instructions on the next page to locate the VIN.)

5 J 6 R M 4 H 7 2 C L [Redacted]

Select/Enter Make

HONDA

Enter Model

CRV 4X4 EXL

Select/Enter Year

2012

Incident Information

Approximate Incident Date

3-7-15

Was there a Crash? Yes No

Was there a Fire? Yes No

Failure Mileage 20540 miles

Number of Deaths, if any 0

Number of Persons Injured, if any 0

Speed (at time of incident) 30 mph ?

Was medical attention required? Yes No

Description (up to 1900 characters)

WARNING: This description, exactly as you enter it, may appear in a public NHTSA database. Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

Car accelerated out of control. I was going in my garage. I was at front of garage. I stepped the accelerator & I ended up in my garage wall, damaging my car & my kitchen.

If your component is not listed below, please describe the component in the above description field.

Failed Component 1

Select the Component

all wheel drive

Failed Component 2

Select the Component

Failed Component 3

Select the Component

Personal Information

First Name [Redacted]

Last Name [Redacted]

Email [Redacted]

Daytime Phone [Redacted]

Evening Phone [Redacted]

Address 1 [Redacted]

Address 2 [Redacted]

City WEBSTER

State NY

Zip Code [Redacted]

This is the second time this has happened. It happened 1 1/2 yrs ago in my neighbors driveway