


MAY 22 2015

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>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>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>24-APR-2015</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No.</p> <p>10712660</p>	
<p>Name</p> <p>Address</p> <p>City NASHVILLE State NC Zip Code</p>		<p>Daytime Telephone Number</p> <p>Evening Telephone Number N/A</p>	<p>E-mail Address</p>		
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side</p> <p>1HGCR2F31FA</p>		<p>Make</p> <p>HONDA</p>	<p>Model</p> <p>ACCORD</p>	<p>Model Year</p> <p>2015</p>	
<p>Date Purchased</p> <p>1-5-15</p>	<p>Dealer's Name and Telephone Number</p> <p>DAVENPORT HONDA 252-937-7500</p>		<p>Engine:</p> <p>No: Cylinders</p> <p>4</p>	<p>Fuel Type:</p> <p>Reg gas</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p> <p>ROCKY MOUNT</p>		<p>State</p> <p>NC</p>	<p>Zip Code</p> <p>27804</p>	
<p>Transmission Type</p> <p>CVT (auto)</p>	<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input type="checkbox"/> Cruise Control</p>	<p>Powertrain</p> <p>Front wheel drive</p>	<p>Multiple Failure:</p> <p>None</p>	<p>Incident Date(s)</p> <p>09-MAR-2015</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: VISIBILITY/WIPER (PWS) Sun reflects off chrome on center console into your eyes</p>			<p>Failure Mileage</p> <p>Continuous</p>	<p>Failure Speed</p> <p>Any</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: DOTM19ABC036)</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 type="checkbox"/> Yes <input checked="" 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>0</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>N</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 OWNS A 2015 HONDA ACCORD. THE CONTACT STATED THAT THE CHROME AROUND THE CUP HOLDERS AND INSTRUMENT PANEL CAUSED A BLINDING AFFECT WHEN THE SUN HIT IT. THE CONTACT STATED THAT THEY HAD TO PULL OVER TO KEEP THE GLARE FROM THE SUN FROM MAKING IT DIFFICULT TO SEE OTHER VEHICLES AND THE ROADWAY. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. 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>					

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

No crashes with my car so far. It is possible though

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

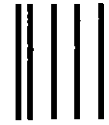
Official Business
Penalty for Private Use \$300

RALEIGH

NC 275

14 MAY '15

PM 11



**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**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

