X1660392A

OMB Control Number 3041-0146

JUL 0 9 2016

File a Report

This form provides a way for you to collect the information you will need to submit when you are ready to submit this form online. We encourage you to use the online form to formally submit a report. However, if you can't fill in the online form, you may choose to print this form and mail a signed copy to the address on the right. Do not send in the form and fill it out online, only submit it once.

If you are unsure about how to fill in a multiple-selection field in this form skip it. Please make sure that you provide full detail in the description of the hazardous incident or safety concern.

US Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814
Attention: Safety Complaint
Phone: 1-800-638-2772
E-mail: info@cpsc.gov
www.saferproducts.gov

* Indicates required field

* I am a / I am affiliated with:

- [x] Consumer
- [ ] Local Government Agency
- [ ] State Government Agency
- [ ] Federal Government Agency
- [ ] Public Safety Entity
- [ ] Health Care Professional
- [ ] Medical Examiner and Coroner
- [ ] Child Service Provider

Tell Us What Happened

* I am reporting:

- [x] A hazardous incident: An actual incident or injury involving an unsafe consumer product.
- [ ] A safety concern: The potential for an unsafe consumer product to cause an incident or injury.

* Please describe the hazardous incident or safety concern:

On Saturday, May 14, 2016, the braking system on my 2011 Honda Accord failed because the hydraulic fluid hose came loose from its mooring to the left front wheel strut as a result of the bolt that secures the hydraulic hose fell off. The dealership from which I bought the "used" car could not offer an explanation, nor could Honda America when I called them, The latter's response was to take it to the dealership for review. The dealership is the only place where I have had the car serviced except for tire replacement, an an emergency replacement of ball bearings on the front right wheel and this most recent incident.
The brake failure occurred on a trip to northern NJ to visit friends. As we slowly approached a red light, the brakes failed. We were lucky to be near a service station at which we stopped. Since we were scheduled to fly out of Newark airport the next day, we left the car at the service station for repair. Before doing so, we tried to add some brake fluid but it completely leaked. When we returned from our trip, we learned that a hole in the hydraulic fluid line had occurred because the loose hose was rubbing up against the axle. I have attached a copy of the repair invoice and a diagram of the damaged hose.
What concerns me most is that there was no warning that the problem existed. When I consulted the service personnel at Hamilton Honda they had no rational explanation.
This incident put our lives in danger and I'm not happy about it. Sincerely, [redacted]

Important: Include details such as how the product was being used, what happened to prompt your report and any injuries that were sustained. Do not provide personally identifiable information in this box.

Tell Us What Happened (continued)

*Incident Date: (mm/dd/yyyy) 05/14/2016 Is this an Estimated Date? ☐Yes ☒No

Location:

- ☐Home / Apartment / Condominium
- ☐Mobile / Manufactured Home
- ☐Place of Recreation or Sports
- ☒Street or Highway
- ☐School
- ☐Industrial
- ☐Farm / Ranch
- ☐Other Public Property /Office
- ☐Unknown

Incident Address: Near Mountain Ave, New Providence, NJ

Apt / Office / Suite:

City: New Providence

State: New Jersey

Postal Code:

Country: USA

☐ This is my home address

People Involved and Their Injuries

This section only applies if you are reporting a hazardous incident, not a safety concern.

For each victim involved you will need to provide the following information. We have provided space for one victim, when you fill in the online report you can enter the information for many victims.

Number of Victims Involved: 2

The term "victim" covers any individual killed, injured or exposed to a possible product-related hazard and does not imply that the product caused an incident.

*Injury Information (select one):

- ☒Incident, No Injury
- ☐Injury, No First Aid or Medical Attention Received
- ☐Injury, First Aid Received
- ☐Injury, Medical Attention Received
- ☐Injury, Emergency Department Treatment Received
- ☐Injury, Hospital Admission
- ☐Death

Location of Injury (if applicable):

- ☐ 25 - 50 % of body
- ☐ All parts of body (more than 50% of body)
- ☐ Ankle
- ☐ Arm
- ☐ Ear
- ☐ Elbow
- ☐ Eyeball
- ☐ Face (including eyelid, eye area, and nose)
- ☐ Finger
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Internal (use with Aspiration and Ingestion)
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Pubic Region
- ☐ Shoulder (including clavicle, collarbone)
- ☐ Toe
- ☐ Torso
- ☐ Wrist
- ☐ Not Recorded

Type of Injury (select up to two):

- ☐ Amputation
- ☐ Bleeding
- ☐ Break, Fracture
- ☐ Bruising, Scratches
- ☐ Burn
- ☐ Concussion
- ☐ Cut
- ☐ Dental Injury
- ☐ Dermatitis, Conjunctivitis, Skin or Eye Irritation/Rash
- ☐ Dislocation
- ☐ Drowning
- ☐ Electric Shock
- ☐ Foreign Object Stuck In or On the Body
- ☐ Internal Organ Injury
- ☐ Lack of Oxygen
- ☐ Nerve Damage
- ☐ Object Inhaled
- ☐ Object Swallowed
- ☐ Poisoning
- ☐ Puncture
- ☐ Severe Bruising
- ☐ Skin Tear, Skin Flap, Nail Detachment
- ☐ Strain, Sprain
- ☐ Other/Not Stated

Your relationship to this victim:

- ☒ Self
- ☐ My child
- ☐ My parent
- ☐ My spouse
- ☐ Other relative
- ☐ My friend /neighbor / co-worker
- ☐ My client, patient, student etc. (professional relationship)
- ☐ No relationship

Victim's Gender: ☒ Male ☐ Female

Victim's age at the time of the incident:
For children under age 3, provide the age in years and months [redacted] Years [redacted] Months

Victim is of Hispanic/Latino origin ☐ Yes ☒ No

Victim's Race:

- ☒ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Unknown
- ☐ Other

Specify Other Race:

Victim's First Name: [redacted]

Victim's Last Name: [redacted]

E-mail: [redacted]

Phone: [redacted]

☐ The victim's address is the same as the incident address.
☒ Use the address below.

Victim's Address: 24 Terrapin Lane

Apt / Office / Suite:

City: Hamilton

State: NJ

Postal Code: [redacted]

Country: USA

Tell Us About the Product

In order to investigate your report, CPSC needs to know about the product. Product identification found on labels or manuals is especially important. We ask that you fill in as much information as you can about the product.

*Product Category (select one):

- ☐ Clothing & Accessories
- ☐ Containers & Packaging
- ☐ Drywall
- ☐ Electronics
- ☐ Fuel, Lighters & Fireworks
- ☐ Furniture, Furnishings & Decorations
- ☐ Hobby
- ☐ Home Maintenance & Structures
- ☐ Kitchen
- ☐ Personal Care
- ☐ Products at Public Facilities
- ☐ Sports & Recreation
- ☐ Toys, Kids, & Baby
- ☐ Yard & Garden
- ☒ None of these

*Product Description:

Important: Please write a description of the product, including the product name and any other information that will help us identify the product and purpose for which it is used.

2011 used Honda Accord sedan

Brand Name: Honda Accord sedan

Model Name or Number: | Serial Number:

Manufacturer/Private Labeler Name:

Date Manufactured (mm/dd/yyyy): 2011

Manufactured Date Code:

Manufacturer or Private Labeler Address: (if known)

Purchased From (Store Name or Internet site): Hamilton Honda | Retailer Location (State): New Jersey

Purchase Date: (mm/dd/yyyy) 02/01/2013 | Is this an Estimated Date? ☐ Yes ☐ No

More Important Questions About the Product

I still have the product. (Please try to keep the product for at least 30 days after submitting the report for CPSC's use.)	☒ Yes	☐ No	☐ N/A
The product was damaged before the incident.	☐ Yes	☒ No	☐ N/A
The product was repaired before the incident.	☐ Yes	☒ No	☐ N/A
The product was modified before the incident.	☐ Yes	☒ No	☐ N/A
Have you contacted the manufacturer?	☒ Yes	☐ No	☐ N/A
If not, do you plan to contact them?	☐ Yes	☐ No	☐ N/A

NOTE: The online form contains a section where you may upload pictures or similar documentation from your computer. You are encouraged to submit pictures of the product, its packaging, bar code or other identifying information.

Your Contact Information

Please provide you contact information below. Your name and contact information will never appear in the Public Database.

*First Name: [redacted] *Last Name: [redacted]

You must be 18 years old to submit a report. If you are not 18, please skip down the form and provide the contact information for your parent or guardian. CPSC will contact this person to verify this report.

☒ I am 18 years of age or older.

☐ My contact address is the same as the incident address.

☒ Use the address below.

*Address: [redacted] Apt / Office / Suite:

*City: [redacted] *State: NJ *Postal Code: [redacted]

*Country: USA

E-mail: [redacted] Phone: [redacted]

Please provide a parent or guardian's information below only if you are younger than 18 years old.

First Name: Last Name:

Phone: E-mail:

Address: Apt / Office / Suite:

City: State: Postal Code:

Country:

Consent & Submit

Please let us know how you would like us to handle your report.

*May we include your report including any documents or photographs that you have attached to your report, but **without your name and contact information**, in CPSC's Public Database?

☐ Yes, you may include my report in the Public Database.

☐ No, do not include my report in the Public Database.

*May we release your name and contact information to the product manufacturer or private labeler?

☒ Yes, you may release my name and contact information to the product manufacturer or private labeler.

☐ No, do not release my name and contact information to the product manufacturer or private labeler.

*By signing this form I certify that the information provided in this report is true and accurate to the best of my knowledge, information, and belief.

Sig [redacted]

Date 6/14/16

ATTN: JOSE VELEZ

NEW PROVIDENCE FUEL

50 SOUTH ST
NEW PROVIDENCE NJ 07974
908-464-7277

5/16/2016 10:01 AM

Invoice [redacted]

[redacted]
HAMILTON NJ [redacted]

Cell Number [redacted]

Vehicle : 2011 HONDA ACCORD 3.5L
Created : 5/16/2016 9:45:34 AM
Complete : 5/16/2016 10:01:32 AM
Invoiced : 5/16/2016 10:01:32 AM

Tag/State [redacted]
Odometer In : 86280
Odometer Out : 86280

Labor/Notes

Qty	Code/Tech*	Reference	Description	Unit Price	Price
1		HOUR LABOR FEE	AUTO HOURLY LABOR RATE	$110.00	$110.00

Parts

Qty	Code/Tech*	Reference	Description	Condition	Unit Price	Price
1	RNB	H382555	BRAKE HYDRAULIC HOSE	New	$23.91	$23.91
1	--	BRAKE CLEANER	CAN OF BRAKE CLEANER	New	$5.00	$5.00

Labor		$110.00
Parts		$28.91
Sublet/Misc.		$0.00
Shop Supplies		$0.00
Charges		$0.00
Sales Tax	Tax @ $138.91 * 7.0000%	$9.72
	Total Due	$148.63

* LEFT FRONT BRAKE HOSE WAS LEFT OFF BRACKET (RUBBER) ON AXLE

CASE # 047 106 13
ALVIN

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or Inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A $40.00 PER DAY STORAGE FEE. 12 Months or 12,000 Mile Warranty On Repairs.

Customer Signature _____