



U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
05-AUG-2016	Reference No. 10893389
OCT - 3 2016	
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

OWNER INFORMATION (Type or Print)

Name			
Address			
City	State	Zip Code	
EL CAJON	CA		

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JHMGE8H52DC	HONDA	FIT	2013
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
9/2/2013	HONDA OF ELCAJON	No: Cylinders	GAS
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
	EL CAJON	CA	92020
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
AUTO	<input type="checkbox"/> Cruise Control		Incident Date(s)
			18-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	NOT YET	NOT YET

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
				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* TAKATA RECALL. THE CONTACT OWNS A 2013 HONDA FIT. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V061000 (AIR BAGS); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

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

*Have not driven car since 1st of April 2016
after receiving letter of recall*

*This is the 18th of Sept. 2016 still no
replacement of airbag and have lost
6 months of warranty*

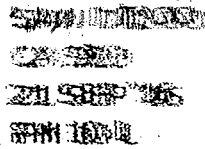
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

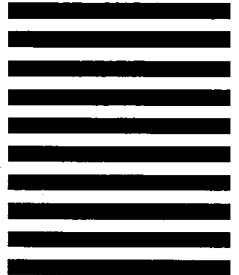
**National Highway
Traffic Safety
Administration**

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

Official Business
Penalty for Private Use \$300



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**



BUSINESS REPLY MAIL

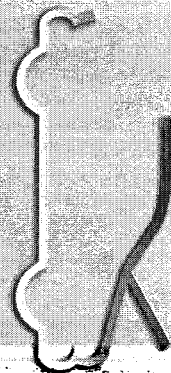
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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 Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

