



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

FOR AGENCY USE ONLY 100148

Date Received

20-DEC-2018

MAR 15 2019

Repository ☐

Reference No.

11162643

OWNER INFORMATION (Type or Print)

Name

Address

City

WALNUT HILL

State FL

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

1HGCM66407

Make

HONDA

Model

ACCORD

Model Year

2007

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

18-DEC-2018

☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING

Failure Mileage

100000

Failure Speed

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)

☐ Original Equipment
☐ 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

☐ Yes ☒ No

Fire

☒ Yes ☐ 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* THE CONTACT OWNS A 2007 HONDA ACCORD. THE CONTACT STATED THAT THE POWER STEERING WAS NOT WORKING PROPERLY. WHEN THE VEHICLE WAS INITIALLY STARTED, THE STEERING WHEEL WAS DIFFICULT TO TURN. AFTER THE VEHICLE WARMED UP, THE STEERING WHEEL OPERATED NORMALLY. THE VEHICLE WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 12V222000 (STEERING). THE CONTACT STATED THAT POWER STEERING FLUID WAS LEAKING ONTO THE ENGINE, WHICH CAUSED IT TO SMOKE UNDER THE HOOD. THE MANUFACTURER AND DEALER WERE NOT NOTIFIED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS 100,000.

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 to 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.

CUSTOMER #: [REDACTED]

INVOICE



WALNUT HILL, FL [REDACTED]

PAGE 1

6675 Pensacola Blvd - Pensacola, FL 32505
(850) 479-9091
MV 41842

HOME:	CONT:						
BUS:	CELL:	SERVICE ADVISOR: 131932 JEREMY CAMERON					
COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	07	HONDA ACCORD	1HGCM66407[REDACTED]		156767/156770	T275	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	
01JAN18 IS							
01JAN18 DD			WAIT 21DEC18		0.00	CASH	
						21DEC18	
R.O. OPENED		READY	OPTIONS: DLR: [REDACTED] ENG:3.0_Liter_SOHC				
07:58 21DEC18		09:58 21DEC18					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUST STS PERFORM POWER STEERING FEED HOSE RECALL 13-012

CAUSE: 13-012

5121G8 SAFETY RECALL CAMPAIGN: REPLACE THE POWER
STEERING HOSE. S/B# 13-012

77 W

1 06530-SDB-306 53713 KIT, P/S FEED HOSE

3 08206-9002 R2999 FLUID, P-S-

(N/C)

(N/C)

(N/C)

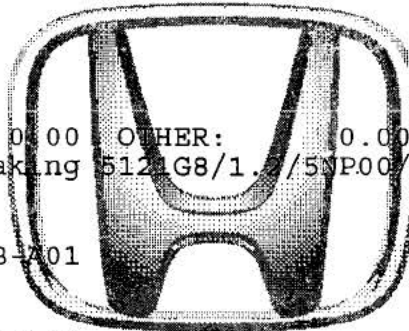
FC:

PART#: 06530-SDB-306

COUNT: 1

CLAIM TYPE:

AUTH CODE:



PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

,,, 156770 recall. hose is leaking 5121G8/1.2/5NP00/77 1.20

,,, 5121G8

,,, Flat Rate Time: 1.2 hours

,,, Failed Part: P/N 53713-SDB-306

,,, Defect Code: 5NP00

,,, Symptom Code: S6000

,,, Skill Level: Repair Technician

,,, perform recall change power steering hose and inspect for hose

,,, sealing. complete

HONDAOUR GOAL IS FOR YOU TO HAVE AN "OUTSTANDING
SERVICE EXPERIENCE". IF YOU WERE NOT
COMPLETELY SATISFIED WITH YOUR SERVICE VISIT,
PLEASE LET ME KNOW.

ZANE PRESLEY/850-466-4387

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE
INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE
SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO
OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE
VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED
UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY
ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS
CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT
NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY
MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all
of the warranties with respect to
the sale of this item/items. The
Seller hereby expressly disclaims all
warranties either express or
implied, including any implied
warranty of merchantability or
fitness for a particular purpose.
Seller neither assumes nor
authorizes any other person to
assume for it any liability in
connection with the sale of this
item/items.

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. SHOP SUPPLIES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE