

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
	Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		Date Received 28-DEC-2018 MAY 07 2019	Repository ☐ Reference No. 11163786
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
TUCKERTON	NJ			
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 19XFB2F87EE		Make HONDA	Model CIVIC	Model Year 2014
Date Purchased	Dealer's Name and Telephone Number Causeway Honda		Engine: No: Cylinders	Fuel Type:
Original Owner ☒	Dealer's City Manahawkin	State NJ	Zip Code	
Transmission Type Automatic	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 24-DEC-2018
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Codes: 100000 POWER TRAIN, 060000 ENGINE (PWS)			Failure Mileage 84000	Failure Speed 65
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 2014 HONDA CIVIC. WHILE DRIVING 65 MPH, THE VEHICLE SHOOK, LOST POWER, AND THE ENGINE SEIZED. THE VEHICLE WAS TAKEN TO CAUSEWAY HONDA (457 NJ-72, MANAHAWKIN, NJ 08050, 609-597-0033) WHERE IT WAS DIAGNOSED THAT THE TRANSMISSION FAILED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 84,000.				
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.				

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

The transmission failed while driving. The vehicle has since been repaired with a used transmission as it is the primary vehicle. The failure was a loss of power and noticeable inability for the transmission to shift.

ATTACH ADDITIONAL SHEETS IF NECESSARY

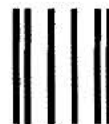
U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Official Business
Penalty for Private Use \$300

NEW JERSEY
NJ 080
04 APR '19
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NECESSARY
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UNITED STATES**



BUSINESS REPLY MAIL

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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



LOT LOCATION:

CUSTOMER #: [REDACTED]



HONDA

CAUSEWAY HONDA

457 Route 72 • P.O. Box 547

Manahawkin, NJ 08050

Phone (609) 597-0033

Fax (609) 597-0993

www.causewaycars.com

INVOICE

PAGE 1

TUCKERTON, NJ

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 1911 Kristin Falk

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
RE	14	HONDA CIVIC	19XFB2F87EE		87152/87155	T7072

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
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12DEC14 DD			17:00 26DEC18			CASH	28DEC18
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R.O. OPENED	READY	OPTIONS:	SOLD-STK:	DLR:	ENG:1.8_Liter
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07:52 26DEC18	13:33 28DEC18	TRN:CVT			
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LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A C/S BAD TRANSMISSION???

01 CUSTOMER STATES

1938 ISP (N/C)

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

87152 CONFIRMED CUSTOMERS CONCERN. THE VEHICLE WILL NOT MOVE IN ANY GEAR. THE TRANSMISSION HAS FAILED INTERNALLY. RECOMMEND REPLACING THE TRANSMISSION

B** REPLACE TRANS USED PART 1YEAR WARRANTY

01 CUSTOMER STATES

1938 C 1340.00 1340.00

1 21210R3WUSED USED TRANS 1325.00 1005.00 1005.00

1 0L999-9011 779240 COOLANT (TYPE-2) 21.00 21.00 21.00

1 90471-PX4-000 330093 WASHER, DRAIN (18MM) 4.00 4.00 4.00

5 08200-HCF2 FLUID (HCF-2) 11.58 11.55 57.75

1 90471-PX4-000 330093 WASHER, DRAIN (18MM) 4.00 4.00 4.00

PARTS: 1091.75 LABOR: 1340.00 OTHER: 0.00 TOTAL LINE B: 2431.75

87152 REPLACED THE TRANSMISSION AND PERFORMED 4 WHEEL ALIGNMENT

C** REPLACE TRANSMISSION FLUID (4 CYLINDER)

24E REPLACE TRANSMISSION FLUID (4 CYLINDER)

1938 ISP (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

87152 PERFORMED TRANS DRAIN AND FILL WITH TRANS REPLACEMENT

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.

THANK YOU FOR YOUR TIME AND YOUR BUSINESS!! WE WELCOME YOU TO OUR CAUSEWAY FAMILY DEALERSHIP HAVING YOUR CAR SERVICED IMPROVES MILEAGE!! AVOIDS COSTLY REPAIRS & SUDDEN BREAK DOWNS!

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

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.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	1340.00
PARTS AMOUNT	1091.75
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	2431.75
LESS INSURANCE	0.00
SALES TAX	161.11
PLEASE PAY THIS AMOUNT	2592.86