



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
Date received: [redacted]
Reference No. [redacted]
DEFECTS INVT# 559359

POSTED

OWNER INFORMATION (Type or Print)
[redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 1/17/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN): JHLRD2846YC000709 (Located at bottom of windshield on driver's side)
Make: HONDA Model: CRV Year: 2000
Purchased Date: 11-15-99 Dealer's Name: CHARLOTTE HONDA/VW 1252 TAMiami TRAIL
Engine Size (CID/CCL): 20 Lit. Turbo Diesel Gas Fuel Injection
No. Cylinders: 5
State: FLA Zip Code: 33953
Transmission type: Automatic
Restraint System: Driver's side Air Bag, Passenger's side Air Bag, 2-Point Belt, 3-Point Belt
Cruise Control: Yes
Drivetrain: Front
Vehicle Type: Sport Utility
Body Style: 4-Door
Manufacture Date: 10-99

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: _____ Tire Name: _____ Complete Tire Size: _____
No. of Failures: _____ Date(s) of Failure(s): _____ Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured: _____	Number of Fatalities: _____	Reported to Manufacturer: <u>Dealer</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	----------------------------------	-----------------------------	--

Narrative Description of Incident(s), Failure(s):
When I Accelerat From a stop The front end of vehicle shimmies. when I told the Dealer he said they ALL do this because they are put on a civic frame, I don't like that answer. I think he is just pushing me aside.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.