



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 231

Date Received
2009 MAR 20 AM 11:33

Repository
Reference No.
10008667

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ALBERTSON State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA to contact you or your vehicle's address to the vehicle manufacturer? YES NO
Signature of Owner [Redacted] Date 3/16/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1HGCE189XTA007609		Make HONDA	Model ACCORD EX	Model Year 1996
Date Purchased 6/96	Dealer's Name and Telephone Number P.S. Honda 516-487-8900		Engine: No. Cylinders 4	Fuel Type: GAS
Original Owner A	Dealer's City Manhasset	State NY	Zip Code	
Transmission Type A/T	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain L4 Speed	Vehicle Component Code 140000 AIR BAGS Multiple Failure: 3	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 6/07 2/18/03	Failure Mileage 29,244 30,185	Failure Speed N/A
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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: DOTMALSABC036)	<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 N/A	Number of Deaths N/A	Reported to Police N/A
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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).

THE AIR BAG LIGHT ILLUMINATED ON THE DASHBOARD, THE VEHICLE WAS REPAIRED 3 TIMES FOR THE SAME ISSUE. *JB
HONDA CUSTOMER SERVICE AND P.S. HONDA SERVICE
WERE VERY ACCOMODATING - REPLACING
THE PART. THANK YOU LOU!

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

The Privacy Act of 1974 (Public Law 93-502) 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.