



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

RECEIVED

FEB 10 AM 12:22

OFFICE
DEFECTS INVESTIGATION

Od_or _____
r_at _____
od_rt _____
up_ltr _____

Reference No.

10008893

OWNER INFORMATION (Type or Print)

Name _____
Street No. _____ Apt. No. _____
City SOUTHFIELD State MI Zip Code _____

Daytime Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of _____ provide your name or address to the vehicle manufacturer.

Signature of Owner _____

Date 1, 22, 03

PRODUCT INFORMATION

| | | | | |
|--|---|---|---|---|
| Vehicle Identification No. (VIN.) (17 Digits) <u>1H6C62257WA031344</u> | | Make <u>HONDA</u> | Model <u>ACCORD</u> | Year <u>'98</u> |
| Purchased Date <u>6-98</u> | Dealer's Name <u>TAMAROFF HONDA (PURCHASED)</u> | | Engine Size (CID/CC/L) <u>V-6</u> | <input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's City <u>SOUTHFIELD</u> | State <u>MI</u> | Zip Code <u>48034</u> | No. Cylinders _____ |
| Manufacture Date (on driver's door or pillar) | Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Restraint System <input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| | | | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

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

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| | | | |
|--------------------|-------------------------------------|---|---|
| Tire Brand | Tire Name | | |
| Complete Tire Size | DOT No. | | |
| No. of Failures | Date(s) of Failure(s) <u>N/A</u> | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mileage at Failure(s) | | |
| | Vehicle Speed at Failure(s): | | |

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). I RECEIVED A RE-CALL NOTICE ON MAY 1998 HONDA ACCORD (IGNITION-STEERING ISSUE), I TOOK MY CAR TO METRO HONDA IN FERRAND AND THEY CHARGED ME \$72.00 TO DISCONNECT MY REMOTE START + HOOK IT BACK UP. I DO NOT FEEL I SHOULD HAVE BEEN CHARGED \$72.00 DUE TO HONDA'S INITIAL NEGLIGENCE WITH THE STARTER. I WANT MY \$72.00 BACK. IF I DO NOT GET A REFUND FROM DEALER OR HONDA MOTORS (TOLLANCE, CALIF) I WILL FILE A COMPLAINT WITH MICHIGAN BETTER BUSINESS BUREAU AND MICHIGAN ATTORNEY GENERAL. THE RE-CALL IS NOT MY FAULT AND I SHOULD NOT BE PENALIZED

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 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 safety 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.

Mail postage free or fax to 202-368-7882