



Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
 NATIONWIDE 1-800-424-8389  
 DC METRO AREA (202) 368-0123  
 INTERNET: <http://www.nhtsa.dot.gov>

Form Approved O.M.B. No. \_\_\_\_\_  
**FOR AGENCY USE ONLY**  
 Date Received \_\_\_\_\_  
 Reference No. 10042790  
 Other \_\_\_\_\_  
 not \_\_\_\_\_  
 ad-r \_\_\_\_\_  
 up-lr \_\_\_\_\_

Use a No. 2 pencil or a ballpoint pen or black ink pen only.  
**CORRECT MARK** ●

**OWNER INFORMATION (Type or Print)** DAY TIME TELEPHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
 STREET NO. ALAMEDA APT. NO. CA  
 CITY STATE ENTER ZIP CODE \_\_\_\_\_  
 ZIP CODE + 4 \_\_\_\_\_ AREA CODE \_\_\_\_\_

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 and address to the vehicle manufacturer.  
 SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

**VEHICLE INFORMATION**

VEHICLE IDENT. NO. (VIN) (Completed at location of establishment on driver's behalf)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<u>1HGCG1657WA064706</u>	<u>HONDA</u>	<u>ACCORD</u>		<u>1998</u>
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input checked="" type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE <input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
	<u>HONDA OF HAYWARD</u>	<u>HAYWARD</u>	<u>CA</u>	
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
NO. CYLINDERS <u>V6</u>	<input type="radio"/> Turbo <input type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No
RESTRAINT SYSTEM			SEATBELT CONTROL	
<input checked="" type="radio"/> Driver's Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger's Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt			<input checked="" type="radio"/> Yes <input type="radio"/> No	
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE
<input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

**FAILED COMPONENT(S)/PART(S) INFORMATION**

COMPONENT	NO. OF FAILURES	To represent five or failed tires provide the following: _____
<input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Exhaust System <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <u>Seat Belts</u> <u>Too many, Honda</u> <u>downing back seat</u>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	_____
INCIDENT DATE	RELEASE AT INCIDENT	TIRE BRAND
_____	_____	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No	VEHICLE SPEED AT INCIDENT	VEHICLE PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No
	_____	
FAILED PART(S) AVAILABLE <input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S)	
	<input type="radio"/> Original <input type="radio"/> Replacement	

**APPLICABLE INCIDENT INFORMATION**

Please describe in detail the incident(s), failure(s), crashes, and injury(ies) on the back of this form.	CRASH <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loses <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Loose/Slacks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES		
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10		
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10		

PLEASE DO NOT WRITE IN THIS AREA



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...ative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

Seat belts are mandatory. But with seat belts in the back seat being too small, we can't wear them.

Myself got a ticket for it I will send Honda the ticket to pay.

The owner in the front cut me in the middle, but they go around me.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-502 This information is reported 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 verbatim summary thereof, may be used in support of the agency's action.

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U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business

Penalty for Private Use \$300



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 78173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



Completely self return or place in your car manual for future use



VEHICLE OWNERS

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-1111

1-888-327-4236

DOT Auto Safety Hotline  
(DASH) 2 DOT



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National Highway Traffic Safety Administration

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